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CHILD ABUSE FACTORS WHICH INFLUENCE
SOCIAL WORKERS' RECOMMENDATIONS TO THE COURT
TO SUSTAIN A PETITION OF CHILD ABUSE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by

Marcia Marie Vreeken

June 1996

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SOCIAL WORKERS' RECOMMENDATIONS TO THE COURT
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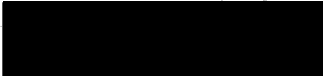
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Marcia Marie Vreeken

June 1996

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ABSTRACT

The assessment of risk is the focal point of the investigation of child abuse cases and affects all other casework decisions and activities. Risk assessment requires effective interviewing and assessment skills, as well as clear analytical judgment. Therefore, the caseworker must organize and evaluate information that has been collected during the life of the case. The relative level of risk to a child is determined through a weighted analysis of this information, as well as an evaluation of how the risk factors interrelate.

The purpose of this descriptive positivist research project was to identify and correlate some common factors that may be related to child abuse; found by Orange County Dependency Investigation Senior Social Workers. These risk factors influence the decision to either recommend to the Court to sustain the petition of alleged child abuse and remove a child from his or her home; or dismiss the petition and leave the child in his or her home. This study also determined what type of child abuse cases were processed in Orange County from 1994 to 1996, and ascertained what the most common determinants would be for removing a child from his or her home. This study was accomplished by reading and reviewing 126 court reports involving alleged child abuse. A data abstraction form was the tool used to extract pertinent data.

It is hoped that this project will aid beginning social workers in investigating child abuse cases and give a clearer picture to Orange County Social Workers about the types of cases most often encountered in the Dependency Investigation Unit; and provide direction for future research with the hope of reducing the risk factors for reoccurrence.

Generally, the results of this study reaffirmed past research, indicating a multiplicity of factors leading to various degrees of child abuse. However, an overwhelming number of cases involved past or current drug and/or alcohol abuse, indicating the need to increase and improve the quality of services related to substance abuse; and continue research relating to parental substance abuse and its connection to child abuse.

ACKNOWLEDGMENTS

No person walks alone in the pursuit of their endeavors. I have been blessed to have supportive family and friends who have stood behind me throughout my personal quest for excellence, be it an algebraic equation or on-going research. They have listened, sometimes with eyes glazed; about theories and policy, past and current; all involving social work. My heartfelt thanks to:

Steve, my eternal companion and friend who understands my interest in children, family and relationships;

My children, Dan, Chris, Melissa and Alicia who have shared with me their lives; and without them life's joy would certainly be diminished;

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TABLE OF CONTENTS

ABSTRACT.....	iii
ACKNOWLEDGMENTS.....	v
LIST OF TABLES.....	viii
INTRODUCTION.....	1
Problem Focus.....	4
Research Question.....	6
LITERATURE REVIEW.....	7
Brief Overview of Juvenile Court Process.....	20
Summary Statement.....	24
RESEARCH DESIGN AND METHODS.....	25
Purpose of the Study.....	25
Method of Study.....	28
Study Site.....	28
Research Question.....	29
Sampling.....	29
Data Collection and Instruments.....	30
Strengths and Limitations of the Instrument.....	32
Procedure.....	33
Protection of Human Subjects.....	34
DATA ANALYSIS.....	35
Quantitative Procedures.....	35
Tables and Charts.....	39
RESULTS.....	39
Demographic Data.....	40
Correlation Results.....	64

DISCUSSION.....	65
CONCLUSION.....	68
APPENDIX A: PROJECT DESCRIPTION.....	70
APPENDIX B: INFORMED CONSENT.....	72
APPENDIX C: DEBRIEFING STATEMENT.....	73
APPENDIX D: HYPOTHETICAL TABLES.....	74
APPENDIX E: WELFARE AND INSTITUTIONS CODE SECTION 300.....	76
APPENDIX F: DEFINITIONS.....	81
APPENDIX G: DATA ABSTRACTION FORM.....	85
APPENDIX H: CONSENT FORM.....	88
APPENDIX I: LETTER OF AUTHORIZATION.....	89
APPENDIX J: LETTER TO PARTICIPANTS.....	90
APPENDIX K: NOTE OF REQUEST.....	91
APPENDIX L: ORANGE COUNTY RESPONSE PROCESS CHART.....	92
REFERENCES.....	93

LIST OF TABLES

TABLE 1.	HISTOGRAM SHOWING THE MOST TYPICAL AGE GROUP OF MINOR/MINORS AT THE TIME OF ABUSE.....	42
TABLE 2.	PERCENTAGE AND FREQUENCY OF ETHNIC POPULATION SERVED BY ORANGE COUNTY DEPENDENCY INVESTIGATION SOCIAL SERVICES AGENCY IN 126 CASES.....	43
TABLE 3.	WELFARE & INSTITUTIONS CODE OF 126 CASES.....	44
TABLE 4.	PERCENTAGES OF CASES REPORTING DOMESTIC VIOLENCE.....	47
TABLE 5.	CASES REPORTING FREQUENCY OF POLICE INVOLVEMENT WITH FAMILY.....	48
TABLE 6.	NUMBER OF CASES REPORTING PRIOR CHILD ABUSE REPORTS.....	49
TABLE 7.	BIVARIATE RELATIONSHIP BETWEEN INCARCERATED PARENT/CARETAKER AND A PAST HISTORY OF DRUG OR ALCOHOL ABUSE.....	50
TABLE 8.	PERCENTAGES OF CASES REPORTING A HISTORY OF DRUG AND/OR ALCOHOL ABUSE.....	51
TABLE 9.	CURRENT DRUG USE REPORTED BY PARENT/CARETAKER.....	52
TABLE 10.	FREQUENCY BAR CHART SHOWING HISTORY OF DRUG/ALCOHOL ABUSE, AMONG ABUSIVE PARENTS/CARETAKERS.....	53
TABLE 11.	SUBSTANCE MOST OFTEN ABUSED BY PARENTS/CARETAKERS.....	54
TABLE 12.	PERCENTAGES OF EMPLOYMENT STATUS OF PARENTS/CARETAKERS.....	56
TABLE 13.	FREQUENCY BAR CHART OF EMPLOYMENT STATUS OF PARENTS/CARETAKERS.....	60
TABLE 14.	FAMILY SUPPORT SYSTEMS AVAILABLE AND WILLING TO CARE FOR MINORS.....	61
TABLE 15.	PERCENTAGES AND FREQUENCIES OF INCARCERATED PARENT/CAREGIVER.....	62

TABLE 16. PERCENTAGES AND FREQUENCIES OF CASES INVOLVING MENTAL ILLNESS.....	63
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INTRODUCTION

Nationwide, only about 40 percent of all child abuse reports are "substantiated." An unsubstantiated report is one that is dismissed after an investigation finds insufficient evidence to warrant further Child Protective Service involvement. However, an unsubstantiated report does not necessarily mean that the child was not actually abused or neglected. Evidence of child maltreatment is hard to obtain, and may not be uncovered when agencies lack the time and resources to complete a thorough investigation or when inaccurate information is given to the investigator (Besharov, 1991).

The Dependency Investigation Senior Social Worker assumes responsibility for a case once a petition is filed and the detention hearing has been held in Juvenile Court. The social worker is responsible for conducting an indepth assessment of the child's situation, developing and beginning implementation of a service plan and preparing a complete report for use by the Juvenile Court in determining whether or not the child should be declared a dependent of the Court and in reaching its disposition of the case.

The court report will contain a recommendation for the most appropriate plan for the on-going care and protection of the child. The social worker may recommend that the child remain with the parents under the supervision of the Social Services Agency or that the child be taken from the

physical custody of the parents and placed with a relative, in a foster home or in a group home under agency supervision (Children's Services, 1994).

Despite years of research, there is no psychological profile that accurately identifies parents who will abuse or neglect their children. In conducting their investigation, the Child Protective Service Agency must consider two interrelated factors: (1) the degree of harm or threatened harm to the child, and (2) the certainty of evidence. To determine that a report is substantiated, states require either "some credible evidence" or sufficient reason to conclude that the child has been abused or neglected. For the imposition of involuntary court ordered services, state laws require either a preponderance of the evidence or clear and convincing evidence (Besharov, 1991).

The focus of this study was on the assessment process and the factors that social workers considered when making a recommendation to the court on behalf of the child. These considerations included, but were not limited to, the Welfare and Institutions Code Section 300 (see Appendix E), the nature of the abuse or neglect, child factors, parent factors and environmental factors (see Appendix F).

Making the decision to separate a child from his or her family is one of the most serious and difficult decisions made by helping professionals. If this happens, most children will pay a psychological price in their

developmental progress. Children interpret removal as a statement of their own badness and can only experience being taken from home as punishment, rejection, or abandonment. All of these factors make it difficult when an out-of-home placement is necessary. It places a burden on helping professionals to carefully evaluate, consider, and discriminate all information when assessing possible child maltreatment (Thompson, 1981).

Although no single profession can claim child abuse and neglect as its prerogative, social work plays a dominant role in the protective service field. Social workers are responsible for investigating and verifying reports of maltreatment. Intervention and treatment plans are developed and implemented primarily by social workers in public or private agencies. Even when service plans involve several multidisciplinary sources, social workers are often designated to coordinate these services (Kinard, 1990). Given the prominent role of social workers in protective services, their experiences with abusive and neglecting families are an important element in their contributions to the field.

To assist the social worker in the risk assessment decision-making process the California State Department of Social Services has provided a family assessment guideline. However, this guideline does not substitute for or supersede

caseworker's judgment (Risk Assessment Training Manual, 1991).

Problem Focus

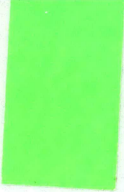
The paradigm used in this project was a positivist descriptive study which identified and described common factors in court reports that influenced the decisions of Orange County Dependency Investigation Social Workers in making recommendations to the Court. Descriptive studies are valuable in social scientific research. They are essential whenever a researcher describes situations and events. Because scientific observation is careful and deliberate, scientific descriptions are typically more accurate and precise than casual descriptions.

The goal of this study was to describe accurately and precisely a wide variety of factors that Senior Social Workers in Orange County have looked at before making a decision to remove a child from his or her home. Researchers must be careful to generalize their findings only to the same population and interest that they have sampled from. For example, this particular study included only residents of Orange County who have been identified by Emergency Response social workers as needing services. The major social work role evaluated in this study was that of direct practice. The experience was with individuals and families; interviewing, assessing needs and documenting

information. The researcher also read and reviewed the completed documentation of other social workers as written in the court reports.

With over 1 million children confirmed as victims of child maltreatment in the United States in 1992, child protective services (CPS) agencies have been overwhelmed by the number of children in need of both protection and treatment services (McCurdy, 1995). Determining which children are at high risk for child abuse has proved, however to be a complex and challenging undertaking. Although the State of California has offered general guidelines on assessment procedures, assessment tools vary from county to county. Many social workers rely on professional wisdom to make their decisions. Social welfare policy dictates that a child welfare worker can initiate court action to have a child removed from the biological parents, but the policy is much less specific in terms of the circumstances under which this power is to be exercised (Koerin, 1979).

This research project defined and discussed physical abuse, physical neglect, emotional maltreatment, and sexual abuse. Factors that put a child at risk were examined, along with physical, behavioral and social symptoms that led the dependency investigator in determining if the allegations of child abuse in the petition were true. If the allegations were true, the Senior Social Worker will



recommended to the Court that the child be made a dependent of the Court and be removed from his or her home. If the social worker determined that the allegations of abuse were false, he or she recommended to the Court that the petition be dropped and the child remain with his or her family.

Research Question

The research question for this descriptive positivist study was: What factors related to child abuse, frequently occur in a high number of cases which may influence the decision of Orange County Dependency Social Workers to recommend to the Court that a petition be sustained and a minor become a dependent of the Court?

Hypothesis: Drug and/or alcohol abuse, violence and a past history of child abuse by the minors parents/caretakers will be strong indicators of current child abuse, resulting in the removal of a child from his or her home.

Major differences exist between notions of what one should look for as an indicator of risk. Behavioral and traditional approaches to assessment utilize different conceptual systems in explaining phenomena. It is common that responses to similar cases vary from caseworker to caseworker and from judge to judge. What predominates is not agreement but lack of consensus. Some children are removed from their families for reasons of poverty and neglect, while others are left in abusive situations to face

increasing violence that endangers their lives (Lindsey & Regeher, 1993).

It is this researcher's hope that this study will clarify assessment criteria for beginning social workers and increase the knowledge of current Orange County Dependency Investigation Social Workers. By examining a sample of 126 actual court cases that have been processed for the past two years and the factors that led Senior Social Workers to make recommendations to the Court; the researcher hopes to discover a pattern of the types of cases seen in Orange County. The researcher believes that she will find a substantial number of cases that involve substance abuse, violence, police involvement, and past child abuse by the child's parent or caretaker. If that is so, increased funding for drug and alcohol treatment programs is needed to assist parents and caretakers with this challenge. It is this researchers opinion that even small fragments of knowledge can increase the skills of social workers; which will directly relate to the improvement of the quality of family life and the adequate protection of children.

LITERATURE REVIEW

There is a growing demand by Child Protective Services and/or the criminal justice system for the clinical social worker to assist in the investigation of alleged child abuse. The demand for the clinician to present information

to the legal system which may help protect the child from further abuse or help prosecute an offender presents further role conflicts. In addition to placing the clinician in the position of being unable to assure the confidentiality often needed to establish and maintain the therapeutic relationship, it asks clinicians to perform in the legal arena (Strand, 1994).

The social worker interviews professionals, family members and interested parties to gather information during the investigative assessment process. Most guidelines emphasize the importance of a neutral setting and the use of open-ended or non-leading questions. The clinician's role is to render an opinion, based on the gathered facts, opinions and professional knowledge; on whether the child has been or is at risk for abuse.

Ultimately risk assessment requires value judgments (Doueck, Bronson, & Levine, 1992; Gleeson, 1987) for, as stated by Berger and his colleagues, there will always be cases that defy classification and stimulate disagreement. It has been noted that most families present a mix of strengths and weaknesses making predictions and decision making very difficult (Gleeson, 1987). Thus the judgment of workers remains an important element in most child protection decisions (Doueck et al., 1992).

Making the decision to separate a child from his or her family is one of the most serious and difficult decisions

made by helping professionals. This places a burden on helping professionals to carefully evaluate, consider, and discriminate unique needs of the particular child and family (Faller, 1981).

Assessing the severity of child abuse and risk of reabuse is a critical task of child protective service workers, who bear responsibility for ensuring the safety of abused children. Agreement about indicators of high risk, however, is by no means unanimous. A recent study (McDonald & Marks, 1991) of eight risk-assessment instruments currently in use throughout the country identified 88 different factors. Of the 88 variables identified, 15 were included in the majority of instruments, and these variables were subsumed under six domains: 1) parent characteristics, 2) environmental factors, 3) parent-child interactions, 4) child characteristics, 5) maltreatment, and 6) perpetrator.

According to McDonald and Marks (1991) of the 88 variables included in the eight instruments, fewer than one-half have been subjected to empirical scrutiny. Furthermore, only three such studies have been reported in the literature (Hepworth & Larson, 1993). Some factors indicative of high risk are: more than one child, history of severe and frequent abuse, much time spent with child, poor parental coping skills, low capacity to use resources, previous placement of child, single parent, negative social relationships, younger caretaker, younger child, greater

access to child, limited physical and mental abilities of child, alcohol or drug addiction, or unrealistic expectations by the parents or caretaker of the child.

Clearly, the state of the art in predicting recurrence of child abuse is not sophisticated and additional research is badly needed (Hepworth & Larson, 1993; Faller, 1981). Researchers emphasized the need for social workers not only to use research findings to inform their practice but also to conduct research themselves to determine the extent to which their work with maltreating families is successful (Cain, 1983; Kinard, 1990).

An important part of the assessment is review of records from schools, institutions, or hospitals, which will give essential information about those areas too painful for the parent to discuss freely. Past abuse can indicate the possibility of future abuse. Historically, most children who come to the attention of public child welfare agencies have not been battered or sexually assaulted, but are victims of neglect or inadequate care (Lindsey & Regeher, 1993).

Levels of child neglect are rated in Child Protective Services on three levels: mild, moderate, and severe. Mild neglect is defined as inadequate child supervision, inadequate cleanliness and hygiene and poor information about nutrition. Mild neglect is usually a lack of maturity and education and parenting skills on the part of the

parent/caretaker. Moderate neglect is safety neglect as in any situation where injury occurs because of a gross lack of supervision or when children's accidents are repeated and severe and the parent/caretaker does not respond appropriately. Severe neglect is defined as medical neglect of treatable, serious, chronic conditions, either deterioration or disease which requires treatment and parent/caretaker ignores or is not capable of following recommendations and intervention is required (see Appendix F).

The Logic of Risk Assessment. The movement toward risk assessment has grown out of changes in the direction of child protection policies over the past 15 years. Before the 1970s intervention by child welfare agencies and juvenile courts was justified as a way of helping children who were exposed to "inadequate care." No specific harm was required and the likelihood of future harm was not a prerequisite for court intervention (Wald & Woolverton, 1990).

More recently, many legislatures have made it clear that CPS intervention is justified only when a child has suffered (or is likely to suffer) specific types of abuse. The purpose of the intervention is to prevent further abuse, not just to provide services to the family. Therefore, risk assessment is based on three basic principles; (1) The central focus of risk assessment is on the likelihood of

maltreatment, not on the severity of the child's injuries, (2) The standard has shifted from the "best interest of the child" to assuring that the child is receiving the "minimum level of care," and (3) The same standards for assessing risk should be used throughout the life of the case (Wasserman & Rosenfeld 1986).

Brief Overview of Child Abuse Legislation. The "discovery" of child abuse came about in the 1960s. John Chaffey, a researcher of children's X-rays, observed the frequent association between subdural hematoma and long-bone fractures in children. Eleven years later Chaffey specified "misconduct and deliberate injury" as primary factors. In 1962, C. Henry Kempe and his colleagues published their article, "The Battered-Child Syndrome." The first state to pass a child abuse law requiring physicians to report suspected cases of child abuse was Colorado in 1963 (Pagelow, 1984). By the end of the 1960s legislation was passed mandating child abuse and neglect reporting in every state of the Union.

Finally, in 1974 Congress passed the Child Abuse and Prevention Act and established the National Center on Child Abuse and Neglect. In June of 1973, the Department of Health Education and Welfare authorized three million dollars for research on child abuse, and the National Institute for Child Development spent an additional \$200,000 in 1974. An additional \$60 million was authorized to be

spent over a three-year period for developing programs to prevent and treat cases of child abuse. These actions expressed to the American people that the government acknowledged the research as valid and wanted to invest in the protection of its children.

In California, Senate Bill 14 implemented PL 96-272 in 1982 and in 1987 further changes affecting Child Welfare Services were contained in Senate Bill 243 which revised the Welfare and Institutions's Code definitions of what constituted child abuse and neglect and thereby affected the types of cases in which Child Protection agencies could intervene. These code sections were changed to include the concept of "specific harm" and "substantial risk" which must exist or be proven in order for Child Protective Services to intervene (State of California, 1989). There are also many other influences on Child Welfare Services such as Juvenile Court Rules, the Penal Code and the State Department of Social Services Manual of Policies and Procedures which are all translated to County Policy.

The issue of child maltreatment was introduced by members of the medical community; thus the first theory was a "medical model," proposing that abusers and/or victims had unique psychological characteristics that set them apart from "normal" people. Attempts to find distinguishing characteristics have largely failed (Newberger, 1982).

Theories and research have expanded to include numerous other social, economic, and cultural variables in the search for causes of child maltreatment, and stress factors are important triggering mechanisms in violent families.

Closely related to stress and poverty is the question of too many unwanted children. There is growing evidence that "unwantedness" is an important consideration in child abuse cases (Pagelow, 1984).

Sadly, child abuse and neglect are prevalent in American society. According to the American Association for Protecting Children, nationwide, child abuse reports increased 31% between 1985 and 1990. The 1992 report of abuse and neglect represent an 132% increase in the last decade. Almost three million children were reported to child protective agencies as victims of child maltreatment. In 1992 approximately 1,261 children died as a result of abuse and/or neglect. At the end of fiscal year 1991, it was estimated that 429,000 children were in substitute care, such as foster care, residential care, or group homes throughout the country. This represents an increase of 52.9% since 1986 (Mollerstrom, Patchner & Milner, 1995).

In Orange County, California, the child abuse registry reported approximately 44,000 cases of child abuse for 1994 with 6 reported deaths from child abuse. Approximately 10 percent of those cases went to trial. The goal of Child Protective Services is to keep families together and only in

the most severe cases are children removed from their homes (Child Abuse Registry Reports, 1994).

Precipitating Incident Factors. The State of California suggests using twenty three separate areas in determining whether a child has been maltreated. These family assessment factors are divided into five sections. The Precipitating Incident Factors and includes: (1) Severity and/or frequency of abuse, (2) Severity and /or frequency of neglect, (3) Location or injury, and (4) History of abuse of neglect.

Child Assessment Factors. Child assessment factors include: (5) Child's age, physical and/or mental abilities, (6) Perpetrator's access to child, (7) Child's behavior, (8) Child/caretaker interaction, and (9) Child's interaction with siblings, peers or others.

Caretaker Assessment Factors. Caretaker assessment factors includes: (10) Caretaker's capacity for child care, (11) Caretaker/child interaction, (12) Caretaker/caretaker interaction, (13) Caretaker's parenting skills/knowledge, (14) Caretaker's substance/alcohol misuse, (15) Caretaker's criminal behavior, and (16) Caretaker's emotional and mental health.

Family Assessment Factors. The fourth section is Family Assessment Factors and includes: (17) Family interactions and relationships, (18) Strength of family support systems, (19) History of abuse/neglect in the

family, (20) Presence of a parent substitute in the home, and (21) Environmental condition of the home.

Family/Agency Interaction. The final section consists of family/agency interaction and includes: (22) Caretaker's cooperation with agency staff and/or service plan, and (23) Progress of child/family in treatment. Caseworkers must view the preceding risk variables as only suggestive guidelines or parameters, as investigative social workers need to assess risk and service needs appropriate to the circumstances of each case.

Any assessment of risk involves weighing the type of abuse or neglect and the degree of injury likely to result from the abuse or neglect. These judgments will be affected by laws, values and standards of the community (Wold & Woolverton, 1990, Alter, 1985). The more serious and frequent the abuse, the higher the level of risk is to the child. In addition, an escalating pattern of abuse must be assessed. Generally, if abusive behaviors have occurred in the past they have a high probability of being repeated in the future (Kempe, 1980). Rosenberg et al. (1982) asserted that an abused child who is returned home to his/her parent without "proper precautions being taken" has a 50 percent chance of being abused again and a 10 percent chance of being injured fatally (California State Department of Social Services, 1991).

Parental Substance Abuse in the Assessment of Risk.

Practitioners and researchers in the field of child welfare have come to embrace an ecological model for assessing risk and well-being in families. Such a model acknowledges the multicausality of risk, that is, that child abuse and neglect are most often the result of a number of risk factors, not just one. Parental substance abuse is an important potential risk factor; drug and alcohol use may cause the parent to be less attentive to children's safety needs and may reduce the parent's ability to control abusive impulses. Procuring illegal drugs may divert household finances from purchasing basic necessities such as food and clothing, or it may cause the partner to leave young children unattended (Child Welfare League of America, 1990; Wightman, 1991).

Parental substance abuse is often viewed within an overall context of risk. Other factors, such as the availability of other caregivers, parenting skills, the parent-child relationship, and family supports often overshadow the seriousness of drug use that often renders a parent incapable of caring for a child. Drug and alcohol addiction is a chronic, relapsing condition that is not quickly or easily overcome. Even those who have been successful in overcoming such addiction commonly recount many failed attempts at recovery (Kosten & Kleber, 1992).

The chronic nature of addiction and the painstakingly slow, erratic nature of recovery are accepted as givens by most substance abuse treatment providers. However, when substance-abusing parents are referred to such providers by child welfare practitioners, a new set of expectations and timelines for the parents' recovery are introduced. Court mandates and case plans often require evidence of abstinence of drug use within a time period of a few months. These parents, often under-educated are held to higher standards and are expected to completely overcome their addiction in a relatively brief period of time. Failure to achieve and maintain such abstinence may have severe consequences, such as the removal of children from the home (Child Welfare League of America, 1992).

An investigative social worker will be well versed in past research and understand that most people do not abuse or neglect their children, but repeated analyses of child abuse reporting data over the past twenty years has shown a disproportionate number of poor families. Even allowing for reporting biases, poverty has been shown to be a key factor in child maltreatment (Gil, 1970; Faller, 1981; Zuravin, 1989)). Pelton (1978) links neglect to material resources and has reported that leaving a child unattended is the most common form of child neglect.

Additionally, when validated knowledge is available, it is brought to bear on the client's behalf. When validated

information is not available, practice wisdom guides the practitioner toward interventions that offer the best chance for success. In this way, practitioners are equipped with the best available information under the rigor of the logical positivist model (Klein & Bloom, 1995).

Practice wisdom aids the social worker in the assessment of child abuse issues. It has its traditional roots in a qualitative understanding of practice, but incorporates information from a wide variety of sources, including those that are empirically based. This works well with the methods that investigative social workers use in determining the needs of a minor; using all available sources of information; including past and current research, interviews with clients and professionals, and available documentation concerning the all concerned.

There are additional reasons why social workers need to understand the past and current research in this area. For example, child welfare workers are called upon more frequently to testify in court. Rules of evidence in data-gathering and data-recording procedures are being strictly interpreted to meet the likelihood of legal challenges. Heightened concern with physical and sexual abuse had resulted in an increase in the number of doctors and nurses involved in protective services. In addition, the legal profession has also become more involved in the child welfare system, in such areas as adoption practices, child

placement, parental rights, and children's rights (Giovannoni, 1990). As Pelton (1989) observed, the increased involvement of the courts during the last decade has dramatically changed the tone and flavor of child welfare intervention in the lives of the families served. The emphasis has shifted from a benevolent helping intervention to one of investigation and accusation. This poses a challenge to the social worker who must adhere to social work values and ethics while complying to agency procedure and legal mandates.

Brief Overview of Juvenile Court Process

Court Hearings. A given case may involve any or all of the following types of hearings: detention hearing, pre-trial hearing, jurisdictional hearing, dispositional hearing, review hearings, and permanency planning hearing. All of these hearings are held at Juvenile Court.

Detention Hearing. During the detention hearing, the allegations against the parents appear serious enough to allow court intervention but have not yet been proven. The child is placed in continued shelter care. At a detention hearing, the judge:

- Ensures that the parents or custodians have received a copy of the dependency petition;
- Determines whether additional service delivery or publication of notice of future hearings is necessary;

- Advises parties of their rights to representation by an attorney (if the parents cannot afford legal counsel, the court may refer them to the Office of the Public Defender);
- Determines whether foster parents or relatives have sufficient interest in the proceedings to receive party status;
- Determines placement and supervision of the child until the second hearing; and
- Sets a date for the next hearing.

The pre-trial hearing must be held within 15 days of the detention hearing, unless parties waive that right.

Pre-Trial Hearing. The pre-trial hearing determines the need for continued protective custody. If the Judge deems it necessary, the following issues may be addressed: SSA to provide supervision; physical placement of the child; visitation by the parents/custodians; necessary medical or psychological evaluations; date and type of the next hearing; or possible dismissal of the entire matter.

Jurisdiction Hearing. The jurisdiction hearing is the time when evidence regarding the allegations, made in the petition, is presented to a Judge. Its purpose is to determine whether the allegations against the parents are true or not true. It is the responsibility of the state to prove the allegations in the dependency petition. All

parties are represented by legal counsel. After hearing the evidence, the Judge decides whether the allegations are true or not true. If the Judge rules that the state has not proven the allegations, the case is dismissed, and all intervention ceases.

Dispositional Hearing. By law, a dispositional hearing must be held within two weeks of the jurisdictional hearing, at which time the child is found to be a dependent of the court. (In actual practice, the judge usually conducts the dispositional hearing immediately after the jurisdiction hearing). At this hearing a "reunification plan" is established for the child and the parents. The purpose of the service plan is to specify what services the parents will need and what requirements they must meet in order to resume custody of their child. The plan will address the following primary concerns:

- agency to assume case supervision
- physical placement of the child
- visitation by the parents
- services for the parents and child in an effort to reunite the family
- date for the first dependency review hearing.

The Following steps take place after a case has been passed from the dependency investigation unit to integrated continuing services.

Review Hearing. After the court declares that a child is a dependent, the next phase of the legal process is the review hearing (which is held at six month intervals). Its purpose is to evaluate the status of the parents and the child in terms of the dispositional plan. This includes reviewing the parents' progress in correcting the problems which resulted in the child's removal. Placement and visitation are also reviewed. By law, a review hearing must take place at least every six months. The time interval may be shorter, depending upon the circumstances of the case. The court will specifically address the following:

- Should the case be dismissed with no further involvement by the state?
- Should the child be returned home with continued supervision by the state for six additional months?
- Should the dispositional order be changed or modified?

Permanency Planning Hearing. This is the final hearing in the reunification process. The purpose of this hearing is to determine whether or not the parents are capable of providing a safe, loving, permanent home for their child. The petitioner (usually the state) presents to the court all facts indicating that the parents are not willing or able to parent the child or have not met the requirements of the reunification plan. Legal counsel for the parents presents

to the court all facts in support of their clients' position.

Summary Statement

The preceding sections mentioned the assessment of physical, cognitive/perceptual, emotional and behavioral functioning, as well as environmental factors that may be indicators of child maltreatment. These factors are not independent nor static, but intertwine, in that the various functions and factors interact over time, each affecting the other (Hepworth & Larson, 1993). Each factor is subject to change, and the dependency investigator's tasks are not only to assess the dynamic interplay of these multiple factors but also to recommend to the court a case plan that will protect minor children from harm and instigate a positive change within the family.

This study was concerned with the findings as recorded in legal court documents, and which factors seem to occur with greater frequency throughout the court reports reviewed. It was expected that the researcher would find common variables leading to the Senior Social Worker's recommendations to the Court that the allegations of child abuse were true and that the petition should be sustained and that the child become a dependent of the court and be removed from his or her home. It was also expected that there would be a strong correlation between drug and/or

alcohol abuse of the minor's parents/caretakers and the removal of a child from his/her home.

It is the researcher's hope that this preliminary study of past cases will lead to research on the recurrence of child maltreatment; research that goes beyond identifying general predictors by also examining such issues as the frequency and severity of recurrence. Further, identifying factors that contribute to severe reabuse within short intervals may be most useful for refining future assessment criteria to assist Orange County Social Workers in Dependency Investigations.

RESEARCH DESIGN AND METHODS

Purpose of the Study

The purpose of this study was to identify and describe some of the variables considered by dependency investigation social workers in assessing risk of harm to a child which would result in removing a child from his or her home. Assessment of risk is a process by which the child welfare caseworker evaluates specific child and family factors to arrive at an opinion regarding the level of risk a child is facing. Current research has identified that child abuse and neglect is a product of many risk factors occurring simultaneously. Therefore, in order for the caseworker to conduct a thorough and accurate investigation, a broad range of variables must be considered.

Risk assessment is the focal point of the investigation and affects all other casework decisions and activities. It is an ongoing evaluation which recurs each time new evidence is obtained and analyzed. Risk assessment requires clear analytical judgment, as well as interviewing and assessment skills.

Caseworkers are basically taught to look for circumstances that could be considered harmful to the child. However, a thorough investigation should identify and weigh all child, family, and environmental information. The relative level of risk to a child is determined through a weighted analysis of this information, as well as an evaluation of how the risk factors interrelate.

The paradigm chosen to address this study was descriptive positivist. The positivist paradigm is valued for its scientific process and is the traditional way to do research. The researcher collects quantitative data but can also incorporate quantitative or qualitative analysis. The positivist paradigm places strong emphasis on forming a question and a hypothesis, using large samples, accepting facts, staying neutral and objective, and being able to measure collected data. In addition, the positivist research addresses causality.

The basic belief system of positivism suggests that there exists a reality "out there" driven by immutable natural laws. The ultimate aim of science is to predict and

control natural phenomena (Guba, 1990). The most appropriate methodology is empirical experimentalism, or as close an approximation as can be managed, because generalizations taken from data can take the form of cause-effect laws. The methodology of the positivist paradigm is experimental/manipulative. Questions and or hypotheses are stated in advance in propositional form and subjected to empirical tests under carefully controlled conditions.

The relationship of the observer to the subject is dualist/objectivist. It is both possible and essential for the inquirer to adopt a distant, noninteractive posture. Values and other biasing and confounding factors are thereby automatically excluded from influencing the outcomes (Guba, 1990). By collecting data from existing court reports the researcher neither converses with nor meets the alleged perpetrator of abuse. Thus, the relationship between data and researcher remains objective and untainted by human emotion, bias or prejudice.

The purpose of this study was to identify and describe factors and variables in court reports, regarding alleged child abuse, and the resulting decisions and recommendations that social workers give to the court; to substantiate the allegations of abuse and sustain the petition, resulting in the removal of a child from his or her home; or finding the allegations unsubstantiated and dropping the petition. Using the positivist descriptive paradigm will be more

accurate and precise than casual descriptions. It will allow the researcher to pull from the files pertinent information related to the research question.

Two additional points are made about the advantage of a descriptive positivist paradigm; that is the "quality" of descriptions and the "generalizability" of them. Positivist research attempts to minimize errors by carefully formulating measures and questions in order to avoid biases. When positivist research is reliable, results can then be generalized (Rubin & Babbie, 1993).

Method of Study

This study was based on court reports that considered allegations of physical abuse, sexual abuse, and physical neglect made to Orange County Social Services, in Orange County, for which disposition occurred between 1994 and 1996. The court reports were written by Senior Social Workers in the Dependency Investigation Unit, and included documentation from professional sources, in addition to statements from family, and interested parties.

Study Site

The geographic context of this study was Orange County, California, with a population of 2,410,556. The ethnic breakdown of the population is 64.5% white, 23.4% Hispanic,

10.0% Asian and Pacific Islander, 1.6% Black, .4% American Indian and, .1% listed as Other.

Research Question

The research question for this positivist study was: What factors related to child abuse, frequently occur in a high number of cases which may influence the decisions of Orange County Social Workers to recommend to the Court that a petition be sustained and a minor become a dependent of the Court?

Hypothesis: Drug and/or alcohol abuse, violence and a past history of child abuse by the minors parents/caretakers will be the strongest indicators of current child abuse, resulting in the removal of a child from his or her home.

Sampling

A random sample of existing case records and completed court reports, dated from 1994-1996 were reviewed by the student researcher. All court reports were written by Senior Social Workers in the Dependency Investigations Unit of Childrens Protective Services. All case files and court reports involved minors that were identified by Emergency Response investigators (ER). ER workers responded to reports of suspected abuse or neglect and forwarded their reports to Dependency Intake. Dependency Intake then made

an assessment and forwarded their report to Dependency Investigation.

This is where the actual court report was created; combining past assessments, child abuse reports, medical records, police reports and statements from involved and interested parties. Copies of each completed court report were kept by social workers in file cabinets in each office which made the case records readily accessible to the researcher. Because each court report ranges in length from 15 to 40 pages and contains numerous details, the student researcher reviewed only 126 completed reports. This research project employed random sampling, with every third court report, chosen for review. In addition, stratified sampling was used to narrow the choice of the members of the population to be studied. Stratified sampling is based on choosing subjects from a homogeneous population. In this particular study, all subjects had been identified as posing a risk to the safety of a child in some way, as evaluated by police or emergency response, or intake social workers. These professionals were in agreement that a child was at risk and an investigation was warranted.

Data Collection and Instruments

Instrument. A data abstraction form was used to organize and gather pertinent data from completed court reports (see Appendix G). All court reports reviewed were

dated from 1994 to 1996, in addition to current reports in progress. Information was taken only from completed court reports. Court reports include data taken from other sources, for example, prior child abuse reports, police reports, medical reports, interviews with witnesses, family members and interested parties. The data abstraction form was reviewed by Dr. Glicken, professor and research advisor for California State University, San Bernardino; for accuracy, focus and validity.

The student researcher reviewed each court report and selected information that completed the data abstraction form. Since the actual court report included both quantitative and qualitative data, the researcher found it necessary to gather the information and look for similarities and dissimilarities regarding target behaviors and critical incidents; leading to "norms" of behavior in this particular population.

The validity of court reports rests on the professionalism of several systems working together. Professionals working in law enforcement, medicine, Emergency Response Assessment, Child Abuse Services Team, and Dependency Investigations work together to write the court report. The NASW (National Association of Social Workers) Code of Ethics addresses professional responsibility in making ethical decisions. Social work values focus on a "commitment to human welfare, social

justice, and individual dignity." These professional ethics call for unbiased reporting in all written documents. When the researcher compares self reports, with police reports, child abuse reports and other official documents, he or she can be sure of a valid report.

Factors Measured by the Data Abstraction Form. The purpose of the data abstraction form was to guide the researcher in searching for data that centers around child abuse issues (see Appendix G). Several independent variables were assessed for strength of correlation against the dependent variable of child abuse. Additional variables found in the court report were also tabulated that may or may not contribute to child abuse and the resultant removal of the child from the home. Some factors to explore are: the ages of the victims of child abuse, whether the child was physically or mentally handicapped, whether medical care was needed, a history of domestic violence, prior police involvement, prior child abuse reports, history of drug or alcohol abuse, employment status of parents, the families residence, and the possibility of mental illness of the parent or caretaker.

Strengths and Limitations of the Instrument

Since the court report is a combined effort, many views are reflected in the finished product. One can appreciate the knowledge and skills of professionals in various

agencies working together to obtain an accurate assessment of the situation. There is a group effort in presenting facts to the court that will protect a child from harm. In addition, the researcher will not be swayed by interpersonal interaction with respondents.

Limitations of the instrument also exist. The researcher must count on the accuracy of the records being studied, as there will be no opportunity to clarify the data with the client. There is always the danger that the student researcher may omit important information from the court report that should be included in the data. In addition, the researcher may inadvertently focus on facts that will strengthen his or her own viewpoint or hypothesis. Also, the fact remains that using scientific inquiry to study human characteristics does not always give a complete picture.

The student researcher addressed limitations by ongoing introspection and consultation with her research advisor, and MSW supervisor, while increasing skill in reading and interpreting legal terminology. In addition, following the data abstraction form kept the student researcher on task.

Procedure

The researcher informed each senior social worker in the Dependency Investigation Unit of the proposed study with a short letter and respectfully requested their assistance

by making their court reports available for review (see Appendix K). The response from the senior social workers in Dependency Investigation was positive. The student researcher then proceeded to choose every third court report to review. It took approximately 3 months to review the data and complete the data abstraction forms and compile all necessary data.

Protection of Human Subjects

All social workers, interns, typists, and professionals from other agencies, including therapists are authorized to read the completed court report. In addition, the client signs form F063-25-228 which is an Authorization for Release of Information for the County of Orange. To further protect the confidentiality of each subject, no names were used in the completed research project. "The first element common to professional protocol is the researcher's respect for the person and the group under study" (Erlandson et al, 1993, p.89). By adhering to the NASW ethical standards, the student researcher protected the confidentiality and privacy of clients by holding in confidence all information obtained in the course of professional service.

DATA ANALYSIS

Quantitative Procedures

This research project used a data abstraction form to pull out specific facts from completed court reports to explore the research question. The data abstraction form consisted of 31 questions with closed end responses (see Appendix G). Statistical analysis was generated by the SPSS computer analysis program. The independent variables were some of the factors that Senior Social Workers evaluated regarding alleged child abuse.

The independent variables for this research project will included influencing factors related to the abused child and his or her family; specifically drug and alcohol abuse by the parents/caretakers. Other possible influencing factors were also identified such as: child's age at the time of the abuse, the allegation from the Welfare & Institution Code, whether the child was physically or mentally handicapped, if the child's developmental behavior was delayed, if the child was in need of medical care or had received medical care as a result of the abuse, history of violence in the family, prior police involvement, prior child abuse reports, prior social service involvement, history of drug or alcohol abuse, employment status, type of family residence and the condition of the family residence, availability of family support systems, Senior Social Worker's recommendations to the court, mother's age at the

minor's birth, father's age at the time of the birth, whether the parents are incarcerated and if there is a possibility of mental illness in the father or mother of the minor. The dependent variable will be the social worker's recommendation (indicating a professional evaluation that the child is abused or at risk of abuse) to the court that a minor be removed from his or her home and become a dependent of the Court. It was expected that there would be positive relationships between many or all of these variables and the decision to remove a child from his or her home. The analysis in this positivist descriptive study tested the correlation between many of the independent variables listed in the data abstraction form and the dependent variable which is the recommendation that a social worker makes to the Court to remove a child from his or her home.

The data abstraction form was used to collect data from the court reports, providing demographic data and nominal variables such as the number of children in a family, age, sex and ethnicity. This information was used to generate univariate statistics such as frequency tables and frequency distributions for the purpose of obtaining valid percentages related to these variables. Some ordinal variables were arranged by groupings, for example, residence ranging from no residence or homeless to living in own home. For the 126 cases reviewed, ages of child victims were reported as marginals, frequency distribution grouped as: (1) less than

3 years, (2) 3 years to 6 years, (3) 7 to 12 years, (4) 13 to 16 years, and (5) 17 and older. Percentages of each age group further clarified the data. For example, 30% of the child abuse victims were under the age of 3 years.

Appropriate measures of central tendency, such as the mean, the median and the mode were calculated on each variable. The researcher calculated the central tendency for nominal variables using the mode; ordinal variables were described by mode and median values. For example, regarding family support systems, with the possible responses of unavailable, alienated, limited or available; the most typical response might be "non-existent" social support. The median provided the researcher with an idea of a typical response for the 126 responses anticipated, from the court reports being examined.

Ordinal variables were obtained from ranking information such as the evaluation of the family support system, from non-existent to readily available; and the condition of the minor's home, ranked from poor to above average. First, univariate statistics such as frequency tables and frequency distributions will be generated to describe the number of times each response was given. Measures of central tendency or summary averages such as the mean, the median and the mode, were also calculated. Valid percentages were obtained from frequency tables of these variables in order to describe the percentages of answers.

Histograms were constructed using the SPSS program to create a visualization of skewness related to the sex and ages of child victims of abuse. Other measurements of variability obtained from univariate statistics included minimum and maximum responses, the range of responses, variances and standard deviations.

The second procedure employed bivariate analytical procedures generated by the SPSS statistical analysis package to the data. Cross tabulations provided bivariate statistics and aided in the evaluation of patterns of relationships between various levels of key variables. Variables compared in cross-tabulations determined if past history of child abuse by the minor's parents/caretakers was the most frequent factor that social workers used in deciding if a child should be removed from his or her home, or if violence in the home or the drug and alcohol abuse of the minor's parents or guardians was a primary factor. Subtables, or partial tables of cross-tabulations were used when more than two variables were compared.

Nominal and ordinal variables were collected from past court reports; all of which involved allegations of some form of child abuse. It cannot be assumed that these variables will have a normal distribution around the mean, therefore the non-parametric test Chi Square was used to calculate the significance levels, using $p=.05$, of key variables. Measures of association based on the chi square

statistic, lambda and Gamma, was used to ascertain how strong the relationships are between current drug/alcohol abuse, violence and prior child abuse reports in removing a child from his or her home.

Tables and Charts

Univariate analyses such as frequency charts and measures of central tendency were used to analyze demographic data such as age of child, ethnicity, number of children in the family and the number of male and female children. Cross-tabulation tables assessed bivariate and multivariate relationships such as the relationship between the history of drug and alcohol abuse of a minor's parents/caretakers and the rate of police involvement and incarceration. An example of a hypothetical univariate and bivariate analysis follows in Appendix D, Table 1 and Table 2.

RESULTS

A data abstraction form designed to identify possible variables of child abuse was used by the researcher to pull out information found in actual court reports documenting child abuse. The instrument was employed on randomly selected court reports. A total of 126 court reports were examined. Data from these court reports are reported in this chapter.

Demographic Data

Statistical data on the demographics of the families in Orange County involved in this study of the dynamics of child abuse are summarized in Table 2.

Ethnicity. The ethnicity of family members was reported as 58% white, 25.4% Hispanic, 4.0 African-American, 2.4% Japanese, 1.6% Chinese, 1.6% Vietnamese, .8% Korean, .8% American Indian and 4.8% other. Out of 126 cases 74 were Caucasian, 32 Hispanic, 5 African American, 2 Chinese, 2 Vietnamese, 3 Japanese, 1 Korean, 1 American and, 6 cases involving Other.

Parent/caretaker Age. In only 6 cases out of 126 was the minor's father under the age of 18 at the minor's birth. In 9 cases the minor's mother was reportedly under the age of 18 at the time of the minor's birth.

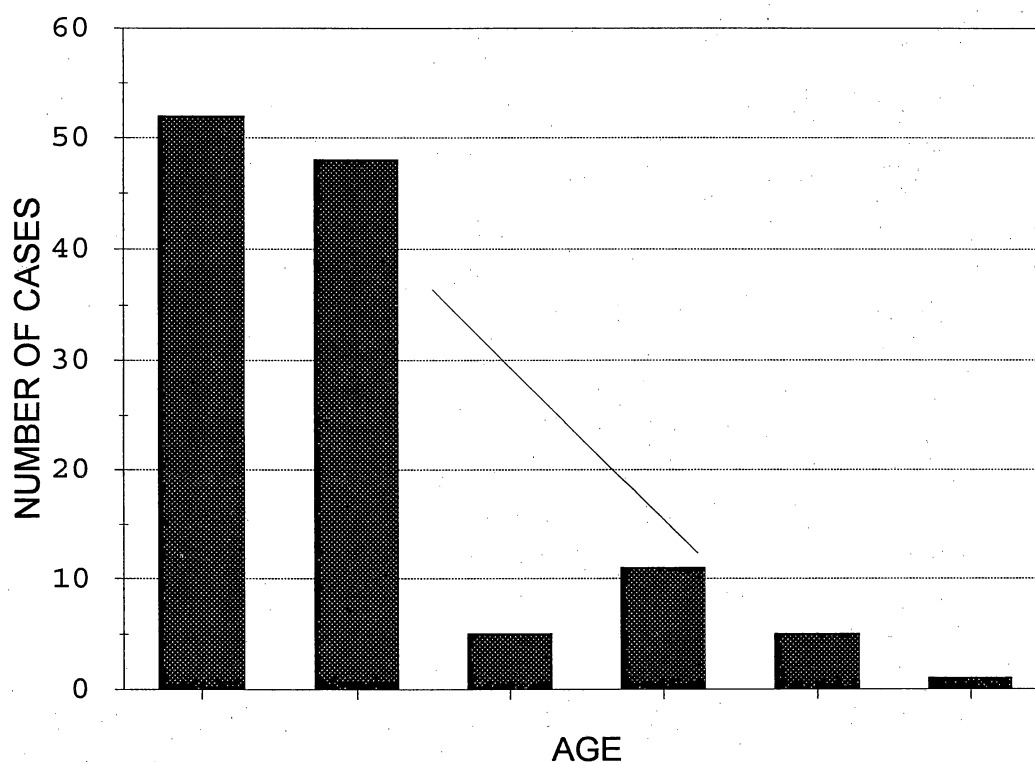
Number of Minors. The number of minors involved in 126 cases was 231; 114 males and 117 females. Cases involving children under 3 totaled 48, (38%). Cases involving children under the age of 6 totaled 75, (59%). Only 22 cases (17%) involved children 13 and older. Multiple age groups within the same family involved 23, (18%) cases (see Table 1).

Welfare and Institutions Code. The allegations from the Welfare and Institutions Code are recorded as: 28 cases coded as b & e; 25 cases recorded as b; 9 cases recorded as a & b; 6 cases recorded as b & j; 5 cases recorded as a & b

& c; with the remainder of cases recorded as multiple combinations of the WIC Code (see Table 3 and Appendix E for clarification).

Physical/Mental Handicap. Regarding physical and/or mental handicapped children, 8 cases involved a physically handicapped child, 5 cases involved a mentally handicapped child and 1 case involved a child that was both physically and mentally handicapped. 112 cases out of 126 reported no handicaps among the minors.

TABLE 1. HISTOGRAM SHOWING THE MOST TYPICAL AGE GROUP OF MINOR/MINORS AT THE TIME OF ABUSE



Std. Dev = 2.47

Mean = 3.3

N = 126.00

(1) Less than 3 yrs., (2) 3 yrs. to 6 yrs., (3) 7-12 yrs., (4) 13-16 yrs., (5) 17 yrs. and older. Cases involving children under the age of 6 totaled 75 or (59%).

TABLE 2. PERCENTAGE AND FREQUENCY OF ETHNIC POPULATION SERVED BY
ORANGE COUNTY DEPENDENCY INVESTIGATION SOCIAL SERVICE AGENCY
IN 126 CASES.

ETHNICITY	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
White	1.00	74	58.7	58.7	58.7
Hispanic	2.00	32	25.4	25.4	84.1
African-American	3.00	5	4.0	4.0	88.1
Chinese	4.00	2	1.6	1.6	89.7
Vietnamese	5.00	2	1.6	1.6	91.3
Japanese	6.00	3	2.4	2.4	93.7
Korean	7.00	1	.8	.8	94.4
Other	9.00	6	4.8	4.8	99.2
American Indian	10.00	1	.8	.8	100.0
Total		126	100.0	100.0	

Valid cases 126 Missing cases 0

The above table reveals that 58.7% of the clients were Caucasian, 25.4% Hispanic, 4% African American, 1.6% Chinese, 1.6 Vietnamese, 2.4% Japanese, .8% Korean, .8% American Indian, and 4.8% listed as other.

TABLE 3. WELFARE & INSTITUTIONS CODE OF 126 CASES

(see Appendix E and G for further interpretation)

VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
1.00	3	2.4	2.4	2.4
2.00	25	19.8	19.8	22.2
4.00	6	4.8	4.8	27.0
5.00	1	.8	.8	27.8
7.00	1	.8	.8	28.6
11.00	9	7.1	7.1	35.7
12.00	5	4.0	4.0	39.7
13.00	1	.8	.8	40.5
14.00	4	3.2	3.2	43.7
15.00	2	1.6	1.6	45.2
16.00	2	1.6	1.6	46.8
17.00	4	3.2	3.2	50.0
18.00	2	1.6	1.6	51.6
19.00	1	.8	.8	52.4
20.00	1	.8	.8	53.2
21.00	1	.8	.8	54.0
22.00	1	.8	.8	54.8
23.00	1	.8	.8	55.6
24.00	1	.8	.8	56.3
26.00	1	.8	.8	57.1
27.00	4	3.2	3.2	60.3
28.00	1	.8	.8	61.1
29.00	28	22.2	22.2	83.3
30.00	6	4.8	4.8	88.1
31.00	2	1.6	1.6	89.7
32.00	2	1.6	1.6	91.3
33.00	2	1.6	1.6	92.9
34.00	2	1.6	1.6	94.4

35.00	1	.8	.8	95.2
36.00	1	.8	.8	96.0
37.00	1	.8	.8	96.8
38.00	1	.8	.8	97.6
39.00	1	.8	.8	98.4
40.00	1	.8	.8	99.2
41.00	1	.8	.8	100.0
Total	126	100.0	100.0	

(1) = Code a; (2) = Code b; (4) = Code d; (11) = Code a & b; (12) = Code a, b & c; (14) = Code a, b & g; (17) = Code a, b, c, & j; (27) = Code b & d; (29) = Code b & g; (30) = Code b & j

The remainder of the cases were coded using various combinations of the WIC Coding System.

Behavior of Minors. The behavior of the abused minors appeared age appropriate, showing no social or emotional problems in 53 (43%) cases; while 73 (57%) showed evident signs of social or emotional problems as a result of abuse.

Violence. Regarding the issue of violence in the home, 91 cases (72.2%) reported a history of domestic violence, while 35 (27.8%) reported no history of violence (see Table 4).

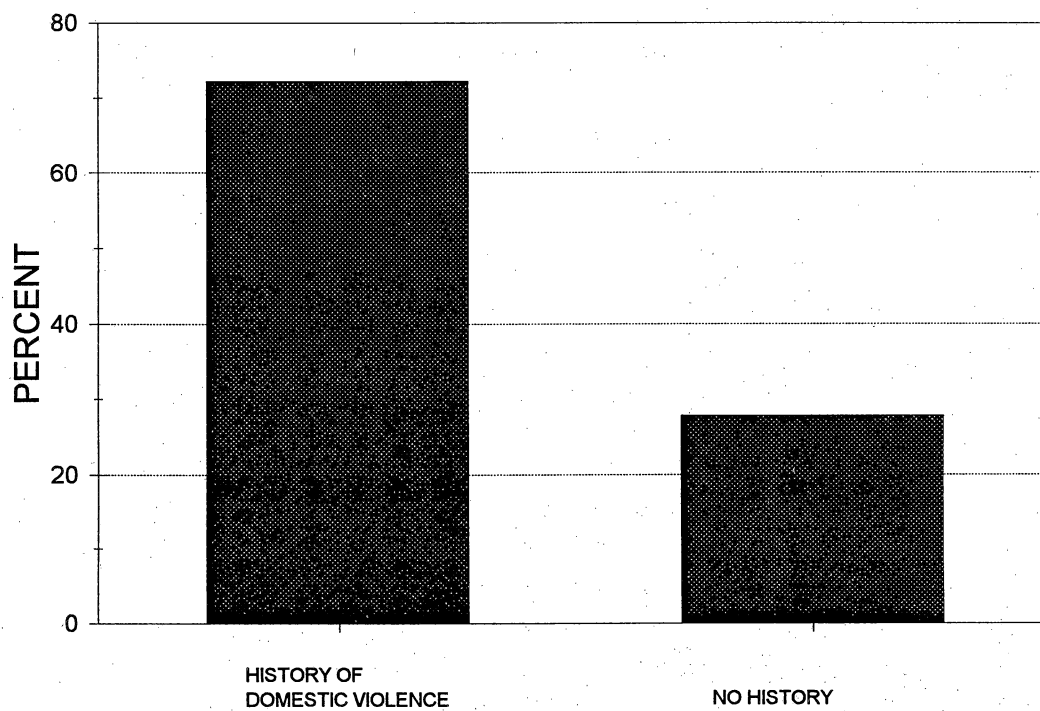
Police Involvement. No police involvement was reported in 31 cases (24.6%), one time only in 29 cases (23%), 2-4 times in 36 cases (28.6%), 5 or more times in 29 cases (23%) (see Table 5).

Prior Child Abuse Reports. Prior child abuse reports were documented in 75 (59.5%) of the cases studied, while 51 (40.5%) cases reported no prior child abuse on record. Of those with prior child abuse reports, 38% had 1-3 reports (see Table 6).

Prior Social Service Involvement. Prior Social Service involvement was fairly even with 50.8% reported as having received prior services and 49.2% reported no prior social service involvement.

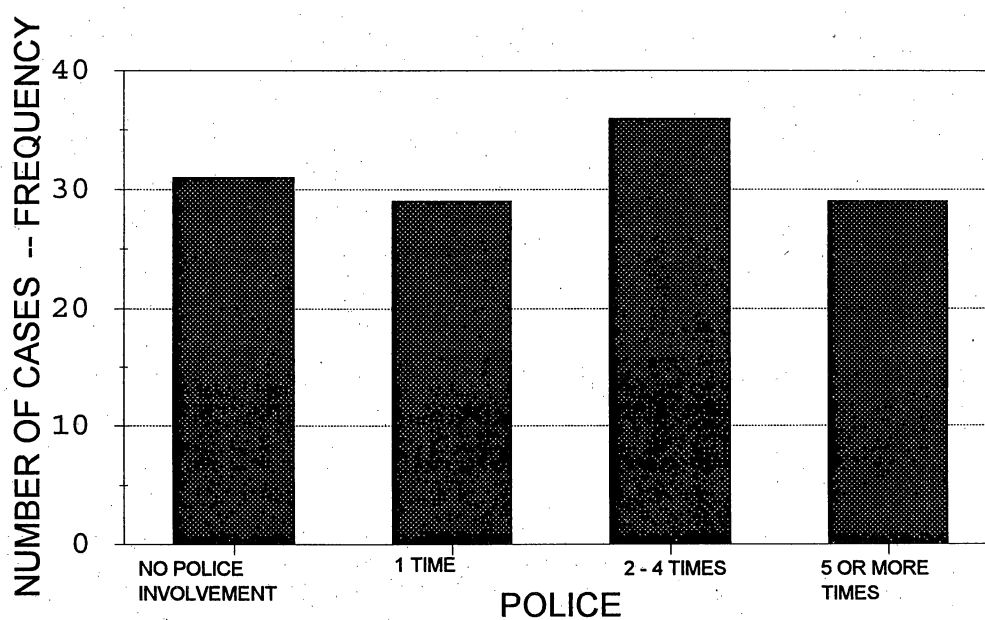
Drug and/or Alcohol Abuse. Cases involving a history of drugs and/or alcohol are reported in Table 8, and Table 10 indicating that 88 (69.8%) cases reported a history of drug abuse, while only 38 (30%) cases reported no history of drug or alcohol abuse. Current drug/alcohol abuse (see Table 9)

TABLE 4. PERCENTAGES OF CASES
REPORTING DOMESTIC VIOLENCE



Nearly 75% of the reviewed cases reported a history of domestic violence in the home, while 30% reported no history.

TABLE 5. CASES REPORTING FREQUENCY OF
POLICE INVOLVEMENT WITH FAMILY



No police involvement was reported in 31 cases; 2-4 times in 36 cases; 5 or more times in 29 cases.

**TABLE 6. NUMBER OF CASES REPORTING
PRIOR CHILD ABUSE REPORTS**

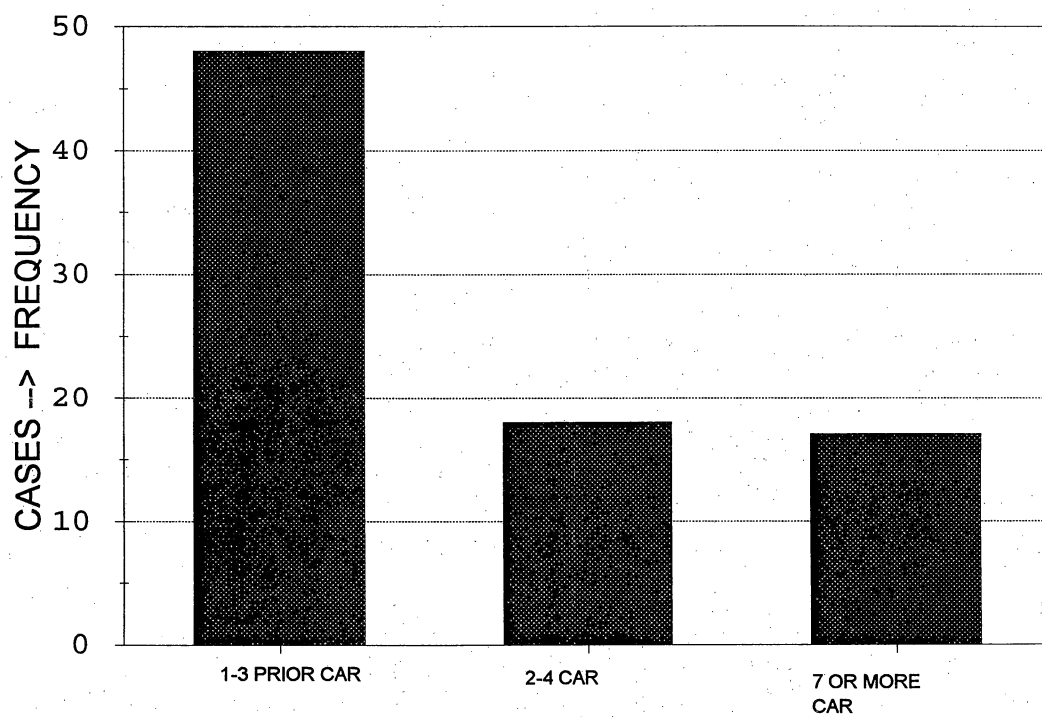


TABLE 7. BIVARIATE RELATIONSHIP BETWEEN INCARCERATED PARENT/CARETAKER AND A PAST HISTORY OF DRUG OR ALCOHOL ABUSE

		Mother	Incarcerated Father	Both Parent	Neither	
		1.00	2.00	3.00	4.00	
Hx of drug/alcohol						Row Total
Yes	1.00	12	22	10	44	88
						69.8%
No	2.00	2	6		30	38
						30.2%
Column		14	28	10	74	126 cases
Total		11.1	22.2	7.9	58.7	100%

In 10 cases out of 126, both parents were incarcerated on drug related charges, resulting in a G count of the Welfare and Institutions Code (see Appendix E). A total of 44 cases out of 126 involved 1 or more incarcerated parent.

TABLE 8. PERCENTAGES OF CASES REPORTING A HISTORY OF DRUG AND/OR ALCOHOL ABUSE

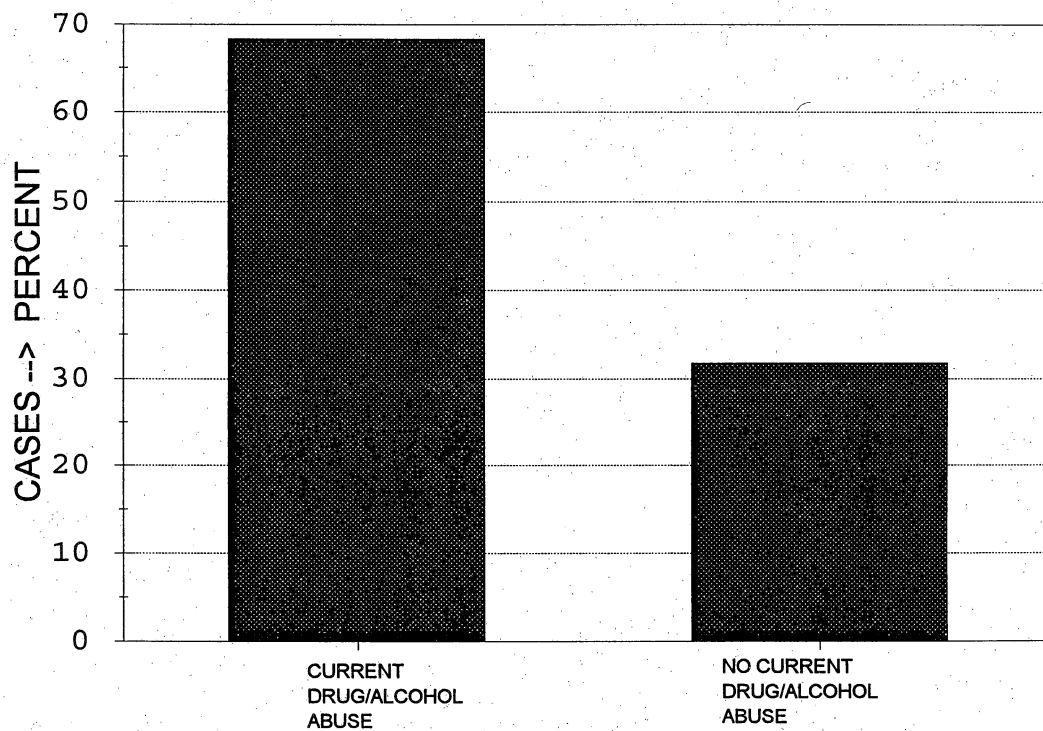
HXDRUGS

HISTORY OF DRUG/ALCOHOL ABUSE	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
Yes	1.00	88	69.8	69.8	69.8
No	2.00	38	30.2	30.2	100.0

Total 126 Misssing cases 0

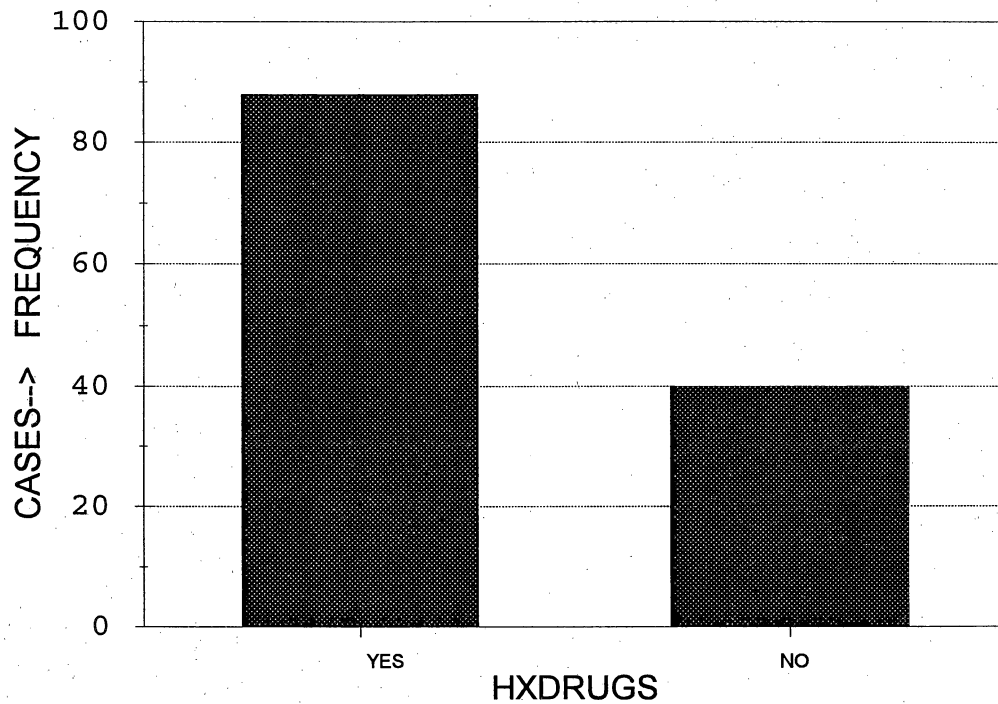
69.8 percent of cases report a history of drug and/or alcohol abuse, a total of 88 cases out of 126 reviewed. 38 cases reported no history of drug/alcohol abuse.

TABLE 9. CURRENT DRUG USE REPORTED BY
PARENT/CARETAKER



Current drug/alcohol abuse was reported in 86 (68.3%) cases.
40 cases (31.77%) reported no current drug/alcohol problem.

TABLE 10. FREQUENCY BAR CHART SHOWING
HISTORY OF DRUG/ALCOHOL ABUSE,
AMONG ABUSIVE PARENTS/CARETAKERS
1 = YES, 2 = NO



A total of 88 cases reported a history of drug and/or alcohol abuse; while 38 cases out of 126 reported no history of drug and/or alcohol abuse

TABLE 11. SUBSTANCE MOST OFTEN ABUSED BY PARENTS/CARETAKERS

DRUG USED

DRUG IDENTIFICATION	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
	1.00	2	1.6	2.2	2.2
	2.00	3	2.4	3.4	5.6
Methamphetamine	3.00	4	3.2	4.5	10.1
	4.00	3	2.4	3.4	13.5
Alcohol	5.00	19	15.1	21.3	34.8
	8.00	2	1.6	2.2	37.1
Alcohol & Speed	10.00	6	4.8	6.7	43.8
	11.00	2	1.6	2.2	46.1
Speed, Marijuana, Cocaine	12.00	4	3.2	4.5	50.6
	13.00	2	1.6	2.2	52.8
	14.00	1	.8	1.1	53.9
	16.00	3	2.4	3.4	57.3
	17.00	1	.8	1.1	58.4
	18.00	1	.8	1.1	59.6
	20.00	2	1.6	2.2	61.8
Alcohol & Marijuana	21.00	6	4.8	6.7	68.5
	23.00	2	1.6	2.2	70.8
	24.00	1	.8	1.1	71.9
	25.00	3	2.4	3.4	75.3
	26.00	1	.8	1.1	76.4
	27.00	1	.8	1.1	77.5
	28.00	1	.8	1.1	78.7
	29.00	2	1.6	2.2	80.9
Alcohol & Methamphetamine	30.00	4	3.2	4.5	85.4
	31.00	1	.8	1.1	86.5

	32.00	1	.8	1.1	87.6
Alcohol & Cocaine	33.00	5	4.0	5.6	93.3
	34.00	1	.8	1.1	94.4
	35.00	3	2.4	3.4	97.8
	36.00	1	.8	1.1	98.9
	37.00	1	.8	1.1	100.0
	.	37	29.4	Missing	

Total 126 100.0 100.0

Missing cases 37

Valid cases 89

37 cases out of 126 reported no drug/alcohol use. There were no missing cases. Therefore 29.4% reported no current drug use.

(see Appendix G to identify each drug combination)

TABLE 12. PERCENTAGES OF EMPLOYMENT STATUS OF PARENTS/CARETAKERS

EMPLOYMENT

VALUE LABEL	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
Both Employed	1.00	67	53.2	53.2	53.2
Mother Unemployed	2.00	32	25.4	25.4	78.6
Father Unemployed	3.00	14	11.1	11.1	89.7
Both Employed	4.00	10	7.9	7.9	97.6
Mother Employed Part-Time	6.00	3	2.4	2.4	100.0

Valid cases 126 Missing cases 0

Both parents/caretakers were employed in 53.2% of cases. The mother was unemployed 25.4% in (32 cases), father unemployed in 11.1% (14 cases). Both parents were employed 7.9% (10 cases). In 3 cases mothers were employed on a part-time basis, 2.4% of the 126 cases reviewed.

was reported in 86 (68.3%) of cases reviewed, while 40 (31.7%) of parents/caretakers denied any problems with drugs or alcohol. For those who currently use drugs and/or alcohol, the breakdown of drug choice and drug combinations most often abused, can be reviewed in Table 11. The parent/caretaker using drugs was identified as the minor's mother in 24 (19%) of the cases reviewed; the father in 23 (18.3%) cases and; 40 cases (31%) involved both parents/caretakers. One case involved another relative and 1 case involved a non-related other. A total of 36 cases out of 126 reported no parent/caretaker drug or alcohol abuse.

Custody Issues. Parents struggling with custody issues were involved in 13 (10.3%) cases, while 113 (89.7%) cases involved no custody dispute.

Employment Status. Employment status revealed that in 67 (53.2%) cases, both parents/caretakers were unemployed. In 32 (25.4%) cases the minor's mother was unemployed. In 14 (11.1%) cases the minor's father was unemployed. Only 10 (7.9%) cases related that both parents were employed. In 3 (2.4%) cases the minor's mother reported part time employment (see Table 13).

Residence. The residence of families involved in the 126 cases was reported as 44 (34.9%) families renting a single residence; 42 (33.3%) families lived with relatives; 20 (15.9%) families were homeless; 13 (10.3%) families lived in

4
motels; 5 (4%) families lived in their own homes. 2 families reported living with both friends and relatives.

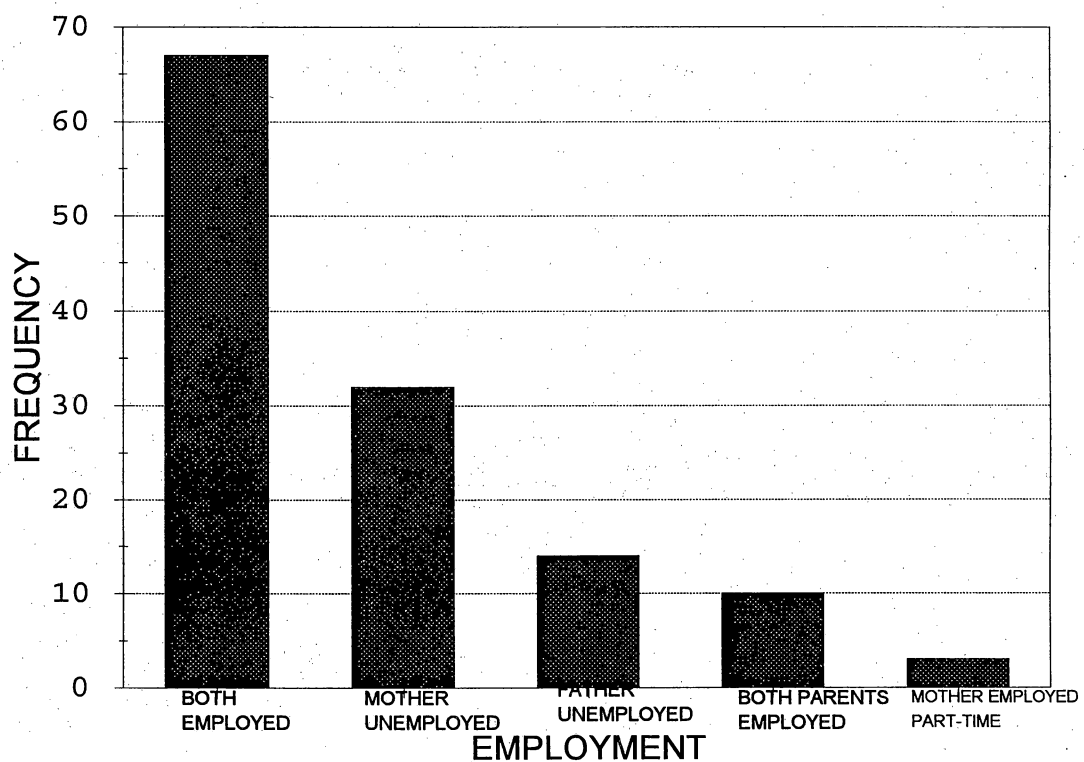
Family Support Systems. Family support systems were reported as unavailable in 50 (39.7%) cases; available in 45 (35.7%) cases; limited in 22 (17.5%) cases and; alienated or having a negative relationship in 9 (7.1%) cases out of 126 (see Table 14).

Senior Social Worker's Recommendations. Senior social worker's recommendations to the Court, based on the investigations of 126 cases, recommended that the allegations of child abuse were true and that the petition be sustained and the minors become dependents of the Court in 114 (90.5%) cases. In 5 (4%) cases the senior social workers' felt that the allegations of child abuse were unsubstantiated or unfounded and recommended to the Court that the petition be dismissed without prejudice. In 7 (5.6%) cases families were referred to family maintenance services.

Incarcerated Parents/caretakers. Table 15 reviews the percentages and frequencies of incarcerated parents/caregivers. In 74 (58.7%) cases neither parent was incarcerated. In 28 (22.2%) cases the minor's father was incarcerated; while in 14 (11.1%) cases the minor's mother was incarcerated. In 10 (7.9%) cases both parents/caretakers were incarcerated.

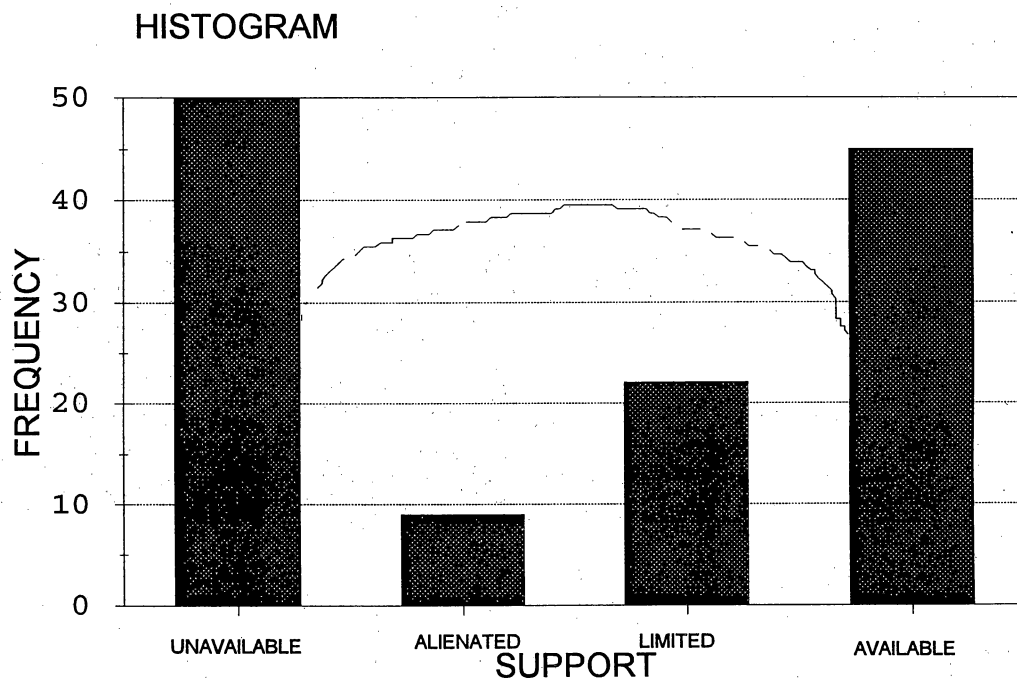
Mental Illness. Refer to Table 16 to review percentages and frequencies of cases involving mental illness. In 36 (28.6%) cases out of 126 mental illness was considered by family and professionals to be a plausible factor in child abuse. However, 90 (71%) cases reported no mental illness in parents/caregivers.

TABLE 13. FREQUENCY BAR CHART OF EMPLOYMENT STATUS OF PARENTS/CARETAKERS



Employment status of parents/caretakers is coded as:
 1 = both parents/caretakers unemployed, 2 = mother unemployed, 3 = father unemployed, 4 = both parents/caretakers employed.

TABLE 14. FAMILY SUPPORT SYSTEMS AVAILABLE
AND WILLING TO CARE FOR MINORS.
1 = UNAVAILABLE, 2 = ALIENATED,
3 = LIMITED, 4 = AVAILABLE.



Std. Dev = 1.33

Mean = 2.5

N = 126.00

The histogram above reveals that the majority of cases fall well below the mean and are unavailable to care for minors followed by nearly an equal number of family members who are willing to offer support and care for minors. The lowest shown, 2.0, represents alienated family members, or those reporting a negative relationship.

TABLE 15. PERCENTAGES AND FREQUENCIES OF INCARCERATED PARENT/CAREGIVER

JAIL

INCARCERATION	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
Mother	1.00	14	11.1	11.1	11.1
Father	2.00	28	22.2	22.2	33.3
Both Parents	3.00	10	7.9	7.9	41.3
Neither Parent	4.00	74	58.7	58.7	100.0

Valid cases 126 Missing cases 0

This table reveals that in 14 cases, the minor's mother was incarcerated, in 28 cases the minors father was incarcerated, in 10 cases both parents were incarcerated, and in 74 cases neither parent was incarcerated.

TABLE 16. PERCENTAGES AND FREQUENCIES OF CASES INVOLVING MENTAL ILLNESS

MENTAL

MENTAL ILLNESS	VALUE	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
Yes	1.00	36	28.6	28.6	28.6
No	2.00	90	71.4	71.4	100.0

Valid cases 126 Missing cases 0

36 out of 126 cases reported mental illness in one or both parents, resulting in 28.6% of the cases reviewed. The balance of cases reported no mental illness.

Correlation Results

Pearson's correlation coefficient measures the strength of a linear association and is used with interval and ratio variables. Correlation was used as a means of association reporting an observed significance level of those variables that were .30 or higher. A Spearman's Rank Order Correlation Coefficient is utilized.

The results of the correlation analysis indicate that there is a positive linear relationship between current drug use and unemployment ($\rho = .3818$, $p = .000$) indicating a positive relationship and that it is unlikely that the variance happens by chance. There is positive linear relationship between a history of drug use and unemployment ($\rho = .3973$, $p = .000$). There is a positive linear relationship between prior child abuse reports and a history of drug use ($\rho = .3237$, $p = .011$). There is a positive linear relationship between prior child abuse reports and current drug use ($\rho = .3407$, $p = .000$). There is a positive linear relationship between prior child abuse reports and police involvement ($\rho = .2996$, $p = .001$). There is a positive linear relationship between prior social service agency services and police involvement ($\rho = .3618$, $p = .000$). There is a strong linear relationship between a parent or caretaker's current drug use and a recommendation that a child be removed from his/her home ($\rho = .3475$, $p = .000$). There is a very strong linear relationship between

current drug use and police involvement ($\rho = .4721$, $p = .000$). There is a strong linear relationship between current drug use and violence ($\rho = .3764$, $p = .000$).

As one variable increases so does the other. Levels are all $< .05$ so the researcher can reject the null that there is no linear relationship. Overall, all of the above linear relationships are positively correlated. When the Pearson significance scale is .0000 it shows that it is unlikely that the variance happened by chance. Therefore it is probable that the dependent variable of child abuse is influenced by drug and /or alcohol abuse, violence in the home and a past history of child abuse by the minor's parents or caretakers.

DISCUSSION

Past research listed a multiplicity of variables that have influenced child abuse, however this research indicated an overwhelming involvement of families affected by drug and/or alcohol abuse; which of course leads to police involvement and possible incarceration. In addition, the actual numbers of incarcerated parents/caretakers may be higher than reported, as criminal identification and investigation records checks are done by Orange County social workers, only for the state of California. Therefore, a missing parent could possibly be incarcerated or have a criminal record in another state. Thus, the

validity of the court report depends on the open, honest report of a parent/caretaker who may or may not reveal that information. For that reason, the researcher feels that the percentages of prior child abuse reports, police contact and incarcerations is higher than reported.

A past history seemed to indicate current involvement with social services agencies and possible future involvement. Obviously, the "quick fix" is not doing the trick. Short term therapy is too short and drug testing is usually limited to a few months. With the high number of incarcerated parents it leads the researcher to question the availability and reliability of services offered in correctional institutions. Employment status revealed a high number of unemployed parents/caretakers which would add to the stress level of caring for young children. This certainly points to the need for educational opportunities to increase job skills for the unemployed and underemployed. It also makes one look at the environment in which a client lives and what is available and accessible for upward mobility.

The issue of mental illness was surprisingly high, involving 36 cases. The researcher believes that this may actually be higher. It is possible that those with substance abuse problems may be self-medicating to cover or dull the feelings of emotional or mental illness.

It is interesting to note that male and female children were equally vulnerable to child abuse. One sex was not targeted more than another. However additional studies would be needed to study the specific Welfare and Institution Codes which describe the types of child abuse categories. In addition, not all minors in the family are listed on the petition. Often, younger children are brought into protective custody while older siblings remain in the home. Many siblings are placed with other relatives, former spouses or are currently within the foster care system. Therefore, the researcher believes the number of children involved in these 126 cases to be higher than the reported 241 children.

Generally speaking, everything that affects a parent or caretaker in an adverse way may lead the parent to express negative feelings and emotions onto their child, resulting in child neglect or abuse. It is impossible to tell which variable will affect which parent. Teaching adults positive coping mechanisms will greatly improve the plight of abused children. The more services that can be offered to a family in crisis, the more optimistic social workers become at the probability of a lasting change.

CONCLUSION

This study, in combination with previous studies, provides overwhelming consensus with past research documenting the multiplicity of issues involved with child abuse in our society today. At the micro level, the variety of problems facing chronically neglectful and abusive caregivers suggests interventions that are comprehensive, in-home, and longer term. Social services agencies are limited and often unable to offer the extended training to increase household management and Parenting skills on an on-going basis. Clearly, short-term fixes are not doing the job, as evidenced by the large percentage of clients re-entering the system over and over again with allegations of child abuse. Increasing informal and familiar sources of support for these families also requires an investment in time that professional social workers are unable to offer. Strengthening these families by using community resources, extended family and local volunteers may be an alternative to constant interaction with social service agencies. Family therapy has been shown to be effective with neglectful and abusive families and professionals should support local and national NASW efforts to maintain those beneficial services. Ideally, interventions with caregivers and children should be based on the specific needs and goals of each family. Dependency Investigation social workers recognize this need and develop a case plan which involves

voluntary or court ordered services, directed at achieving reunification goals.

Support of policy initiatives which address social conditions that continue to affect large segments of the population, but especially the poorest of the poor, which include families who are unable to provide minimally adequate care for their children, should continue. Specific interventions are also needed with individual families to help them move beyond mere survival to more optimal functioning. At the macro level, policymakers must resolve issues such as affordable child care and increased education and employment opportunities.

Of particular importance is to attack one of the major problems of chronically neglecting and abusive families-- drug abuse--as further evidenced in this study. Large-scale prevention and treatment initiatives are required. Long term testing and involvement with 12 step programs should be encouraged for those battling addictions that impede their ability to parent. Society cannot afford to ignore the increasing blight of child maltreatment perpetuated by economic inequities, failure of the human services systems and educational systems to adequately meet the financial, social and educational demands placed upon them.

APPENDIX A

PROJECT DESCRIPTION

This research project is a descriptive positivist study. The data for this research project was collected from completed court reports using a data abstraction form, containing 31 questions. Court reports dated from 1994-1996 were coded and sampled, using a total sample of 125 court reports. Each court report ranges in length from 10 to 40 pages. Only code numbers were used to identify specific court reports. No names or identifying information were used in this research project. Data collection will take place in the Winter/Spring quarter of 1996. A total of 20 Senior Social Workers in the Dependency Investigation Unit made available to the researcher an average of 13 court reports. The reports were coded and selected using random sampling, with a total of 10 reports set aside due to insufficient information. All court reports were returned to the participating social workers offices at the end of the data collection procedure.

The researcher was looking for factors that influence Orange County Senior Social Workers in the Dependency Investigation department to recommend to the Court to sustain the petition of alleged child abuse and declare a child a dependent of the court; resulting in the child being removed from his or her home. Of particular interest was

the factor of drug and alcohol abuse by one or more of a minor's parents or caretaker.

APPENDIX B

INFORMED CONSENT

The court reports are written by Senior Social Workers. They compile official documents, including former child abuse reports, police reports, former social service interaction, medical records and personal statements. The County of Orange uses "authorization for release of information" form F063-25-228 (see attachment D). In addition to this form, social workers adhere to standards of confidentiality as written in the National Association of Social Workers (NASW) Code of Ethics.

APPENDIX C

DEBRIEFING STATEMENT

All interaction will be with written information in the form of court reports. The reason for conducting the research is to determine what type of alleged child abuse cases have come through Orange County Social Service for the past two years; and the factors that influence a social workers recommendations to the court.

The professional to contact if there are questions or concerns is: Program Manager of Orange County SSA/Children's Services, Court Services, Ron Anderson, telephone number (714) 935-7585, mailing address P.O. Box 14174, Orange, CA 92613-1574. An additional professional contact would be Eileen Bush, Investigation Unit Supervisor, telephone number (714) 935-8026, or the researcher's direct field supervisor Rachel Forman, telephone number (714) 935-8030. Results of this research project will be made available to social workers employed with Dependency Investigations in Orange County.

APPENDIX D
HYPOTHETICAL TABLES

Table 1

Univariate Analysis
(hypothetical)

Ages of Children

<u>under 3</u>	<u>30%</u>
3-6	20
7-12	35
13-16	10
17-18	5
100%	= 60 children

The ages of the children have been grouped so that percentages can be shown in frequency tables.

APPENDIX D

Table 2

Bivariate Analysis (hypothetical)

<u>Child remvd</u>	<u>drug/alcohol</u>	<u>No drug/alcohol</u>
YES	70%	20%
NO	30%	80%
	100%	100%

Bivariate Analysis using drug and alcohol abuse and "no" drug and alcohol abuse as independent variables. The dependent variable is the recommendation the Social Worker makes to the Court that the child be removed from his or her home. Each case will be examined to determine if drug and alcohol abuse was a factor in determining if a child should be removed from the home.

APPENDIX E

WELFARE AND INSTITUTIONS CODE SECTION 300

Any minor who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge that person to be a dependent child of the court:

(a) The minor has suffered, or there is a substantial risk that the minor will suffer, serious physical harm inflicted nonaccidentally upon the minor by the minor's parent or guardian. For the purposes of this subdivision, a court may find there is a substantial risk of serious future injury based on the manner in which a less serious injury was inflicted, a history of repeated infliction of injuries on the minor or the minor's siblings, or a combination of these and other actions by the parent or guardian which indicate the child is at risk of serious physical harm. For purposes of this subdivision, "serious physical harm" does not include reasonable and age appropriate spanking to the buttocks where there is no evidence of serious physical injury.

(b) The minor has suffered, or there is a substantial risk that the minor will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the minor, or the willful or negligent failure of the minor's parent or guardian to adequately supervise or protect the minor from the conduct of the custodian with

whom the minor has been left, or by the willful or negligent failure of the parent or guardian to provide the minor with adequate food, clothing, shelter, or medical treatment, or by the inability of the parent or guardian to provide regular care for the minor due to the parent's or guardian's mental illness, developmental disability, or substance abuse. No minor shall be found to be a person described by this subdivision solely due to the lack of an emergency shelter for the family. Whenever it is alleged that a minor comes within the jurisdiction of the court on the basis of the parent's or guardian's willful failure to provide adequate medical treatment or specific decision to provide spiritual treatment through prayer, the court shall give deference to the parent's or guardian's medical treatment nontreatment or spiritual treatment through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, by an accredited practitioner thereof, and shall not assume jurisdiction unless necessary to protect the minor from suffering serious physical harm or illness. In making its determination, the court shall consider (1) the nature of the treatment proposed by the parent or guardian (2) the risks to the minor posed by the course of treatment or nontreatment proposed by the parent or guardian (3) the risk, if any, of the course of treatment being proposed by the petitioning agency, and (4) the likely success of the courses of

treatment or nontreatment proposed by the parent or guardian and agency. The minor shall continue to be a dependent child pursuant to this subdivision only so long as is necessary to protect the minor from risk of suffering serious physical harm or illness.

(c) The minor is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian or who has no parent or guardian capable of providing appropriate care. No minor shall be found to be a person described by this subdivision if the willful failure of the parent or guardian to provide adequate mental health treatment is based on a sincerely held religious belief and if a less intrusive judicial intervention is available.

(d) The minor has been sexually abused, or there is a substantial risk that the minor will be sexually abused, as defined in Section 11165.1 of the Penal Code, by his or her parent or guardian or a member of his or her household, or the parent or guardian has failed to adequately protect the minor from sexual abuse when the parent or guardian knew or reasonably should have known that the minor was in danger of sexual abuse.

(e) The minor is under the age of five and has suffered severe physical abuse by a parent, or by any person known by

the parent, if the parent knew or reasonably should have known that the person was physically abusing the minor. For the purposes of this subdivision, "severe physical abuse" means any of the following: any single act of abuse which causes physical trauma of sufficient severity that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death; any single act of sexual abuse which causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness. A minor may not be removed from the physical custody of his or her parent or guardian on the basis of a finding of severe physical abuse unless the probation officer has made an allegation of severe physical abuse pursuant to Section 332.

(f) The minor's parent or guardian has been convicted of causing the death of another child through abuse or neglect.

(g) The minor has been left without any provision for support; the minor's parent has been incarcerated or institutionalized and cannot arrange for the care of the minor; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, the whereabouts of the parent is unknown, and reasonable efforts to locate the parent have been unsuccessful.

(h) The minor has been freed for adoption from one or both parents for 12 months by either relinquishment or termination of parental rights or an adoption petition has not been granted.

(i) The minor has been subjected to an act or acts of cruelty by the parent or guardian or a member of his or her household, or the parent or guardian has failed to adequately protect the minor from an act or acts of cruelty when the parent or guardian knew or reasonably should have known that the minor was in danger of being subjected to an act or acts of cruelty.

(j) The minor's sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the minor will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the abuse or neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian, and any other factors the court considers probative in determining whether there is a substantial risk to the minor.

APPENDIX F

DEFINITIONS

Child abuse includes physical abuse, physical neglect, sexual abuse and emotional maltreatment. The following terms are defined as they are used in this study.

Physical Child Abuse

The maltreatment of a child under the age of 18 that results in a nonaccidental physical injury. A major physical injury includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocations, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise, welt, or any combination thereof, which constitutes a substantial risk to the life or well-being of the victim. A minor physical injury includes twisting, shaking, minor cut, bruise, welt, or any combination thereof, which do not constitute a substantial risk to the life or well-being of the victim (California Department of Justice, 1993; Mollerstrom, Patchner & Milner, 1995).

Intentional, deliberate assault, such as burning, biting, cutting, poking, twisting limbs, or otherwise torturing a child, is also included in this category of child abuse.

Physical Neglect

Neglect is essentially the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. This term includes both acts and omissions on the part of the responsible person. California law defines two categories of physical neglect--"severe neglect" and "general neglect."

Severe neglect means the negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. It also includes those situations of neglect where the parent or caretaker willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered. This includes the intentional failure to provide adequate food, clothing, shelter, or medical care.

General neglect means the negligent failure of a parent or caretaker to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

Children may also be neglected because their parents are unable to arrange child care services to meet their needs. Parents may leave their children unsupervised during the hours when the children are out of school and they are not at home (California Department of Justice, 1993).

Child Sexual Abuse

Child sexual abuse is defined as acts of sexual assault on and sexual exploitation of minors. Sexual abuse encompasses a broad spectrum of behavior and may consist of many acts over a long period of time or a single incident. Specifically, sexual assault includes: rape, rape in concert, incest, sodomy, leud or lascivious acts upon a child under 14 years of age, oral copulation, penetration of genital or anal opening by a foreign object, and child molestation.

Sexual exploitation includes conduct or activities related to pornography depicting minors, and promoting prostitution by minors. All sexual activity between an offender and a child, when the offender is in a position of power over the child, is considered sexual maltreatment (California Department of Justice, 1993).

Emotional Abuse

Emotional abuse is defined by verbal assaults (belittling, screaming, threats, blaming, sarcasm), unpredictable responses, inconsistency, continual negative moods, constant family discord, and double-message communication are examples of ways parents may subject their children to emotional abuse.

Emotional abuse includes behavior on the part of the offender that contributes to low self-esteem, undue fear or

anxiety, or other damage to the victim's psychological well-being. Included are active, intentional berating, disparaging (remarks), or other abusive behavior toward the victim that affects adversely the psychological well-being of the victim as well as the passive or passive-aggressive inattention to the victim's emotional needs, nurturing (needs), or psychological well-being (California Department of Justice, 1993, Mollerstrom, Patchner & Milner, 1995).

Multiple Abuse

Multiple abuse occurs when two or more categories of child maltreatment (physical abuse, neglect, sexual abuse, or emotional abuse) are present. Death is defined as a fatality of a child due to maltreatment (Mollerstrom, Patchner & Milner, 1995).

APPENDIX G

DATA ABSTRACTION FORM

1. Child's ethnic origin: 01-White, 02-Hispanic, 03-African-American, 04-Chinese, 05-Vietnamese, 06-Japanese, 07-Korean, 08-Hawaiian, 09-American Indian, 10-other.
2. Number of minor children in the family:
3. Number of male children:
4. Number of female children:
5. Age at time of abuse:
(1) less than 3 years of age, (2) 3 years to 6 years, (3) 7 years to 12 yrs, (4) 13 years to 16 years, (5) 17 and older, (6) combined ages, categories of 1 and 2, (7) combined categories of 1 & 3, (8) combined categories of 2 & 3, (9) combined categories of 2,3,4, (10) combined categories of 1,2,3 (11) combined categories of 3 & 4).
6. Allegations from WIC Welfare & Institution Code:
(1) a, (2) b, (3) c, (4) d, (5) e, (6) f, (7) g, (8) h, (9) i, (10) j, (11) a & b, (12) a,b,c, (13) a,b,e, (14) a,b,g, (15) a,b,j, (16) a,b,c,g, (17) a,b,c,j, (18) a,b,c,d,j, (19) a,b,c,g,j, (20) a,b,c,g,j, (21) a,c, (22) a,c,g, (23) a,d, (24) a,e, (25) a,e,g,i, (26) a,j, (27) b,d, (28) b,e, (29) b,g, (30) b,j, (31) b,c,d, (32) b,d,g, (33) b,d,j, (34) b,g,j, (35) b,d,g,j, (36) c,j, (37) c,d,j, (38) a,e,g,j, (39) b,g,j,e, (40) b,e, (41) a,d,j.
7. Child is physically or mentally handicapped:
(1) physically, (2) mentally (3) not handicapped, (4) physically & mentally handicapped.
8. Child's behavior appears age appropriate:
(1) yes, (2) no.
9. Is child in need of medical care as a result of abuse?
(1) yes, (2) no
10. Has child received medical care as a result of abuse?
(1) yes, (2) no
11. Minor has received:
(1) medical care, (2) counseling services, or (3) both types of care

12. History of domestic violence in family?
(1) yes, (2) no
13. Police involvement with family, including domestic violence:
(1) no police involvement, (2) one time, (3) 2-4 times, (4) 5 or more times
14. Prior child abuse reports (CAR):
(1) yes, (2) no
15. If yes, how many?
(1) 1-3, (2) 4-6, (3) 7 or more
16. Prior Social Service Involvement for any reason:
(1) yes, (2) no
17. History of drug/alcohol abuse?
(1) yes, (2) no
18. Current drug/alcohol abuse?
(1) yes, (2) no
19. If current drug/alcohol problem, list drugs used.
(1) speed, (2) marijuana, (3) methamphetamine, (4) cocaine, (5) alcohol, (6) heroin, (7) other, [response #8 through #38 reflect combinations of drugs and/or alcohol abuse], (8) 1,2 (9) 1,3 (10) 1,5 (11) 1,2,3, (12) 1,2,4 (13) 1,2,5 (14) 1,3,5 (15) 1,4,5 (16) 1,2,3,5 (17) 1,2,3,6, (18) 1,4,5,7, (19) 2,3, (20) 2,4, (21) 2,5, (22) 2,6, (23) 2,3,4, (24) 2,3,5, (25) 2,4,5, (26) 2,4,6, (27) 2,5,6, (28) 2,3,5,6, (29) 3,4, (30) 3,5, (31) 3,4,5, (32) 3,4,5,7, (33) 4,5, (34) 4,7, (35) 5,7, (36) 6, prescription drugs, (37) 2,3,4,5.
20. If yes, which caretaker currently abuses drug/alcohol?
(1) mother, (2) father, (3) both parents/caretakers, (4) other relative, (5) non-related other
21. Does this case involve a custody issue?
(1) yes, (2) no
22. Employment status:
(1) both parents/caretakers unemployed, (2) mother unemployed, (3) father unemployed, (4) both employed.
23. Family residence:
(1) no residence, homeless, (2) living with relatives, (3) living in motel, (4) renting single residence apartment/home, (5) living in own home, (6) other

24. Condition of residence noted in court report:
(1) poor, (2) below average, (3) average, (4) above average, (5) excellent
25. Family support systems, persons available & willing to care for minors:
(1) unavailable, (2) alienated, (3) limited, (4) available
26. Senior Social worker's recommendations to the court:
(1) that the allegations be sustained and the child become a dependent of the court, (2) the allegations are unfounded and recommends that the petition be dropped and the child returned to his/her family, (3) Other, list voluntary programs.
27. Mother is under age 18 at minor's birth.
(1) Yes, (2) no
28. Father is under age 18 at minor's birth.
(1) yes, (2) no
29. Incarcerated parent/ parents
(1) mother Incarcerated, (2) father Incarcerated, (3) both parents/guardians Incarcerated, (4) neither parent Incarcerated
30. Possible mental illness?
(1) yes, (2) no
31. If yes, which parent/caretaker?
(1) mother, (2) father, (3) both

APPENDIX H
CONSENT FORM



**County of Orange
SOCIAL SERVICES AGENCY**

LARRY M. LEAMAN, DIRECTOR
CHILDREN'S SERVICES DIVISION
GENE HOWARD
DIRECTOR OF CHILDREN'S SERVICES

PLEASE SEND REPLY TO OFFICE CHECKED

- | | |
|---|--|
| <input type="checkbox"/> 800 N. Echhoff Street
<input type="checkbox"/> P.O.Box 6665
Orange CA 92613-6665 | <input type="checkbox"/> 301 City Drive South
P.O.Box 14174
Orange CA 92613-1574 |
| <input type="checkbox"/> P.O.Box 14100
Orange CA 92613-1500 | <input type="checkbox"/> 341 City Drive South
P.O.Box 6665
Orange CA 92613-6665 |
| <input type="checkbox"/> P.O.Box 14101
Orange CA 92613-1501 | <input type="checkbox"/> 23117 Plaza Point, Ste. 100
Laguna Hills CA 92653 |
| <input type="checkbox"/> P.O.Box 14102
Orange CA 92613-1502 | <input type="checkbox"/> 25292 McIntyre Road
Laguna Hills CA 92653 |
| <input type="checkbox"/> P.O.Box 14141
Orange CA 92613-1541 | Mailing:
P.O.Box 14102
Orange CA 92613-1502 |
| <input type="checkbox"/> P.O.Box 14188
Orange CA 92613-1568 | |

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(Agency or Individual from Whom Information is Requested)

I, _____, residing at _____
_____, hereby authorize you to release to the Orange
County Social Services Agency specific information requested by this agency which I cannot provide
concerning:

- ☐ Legal records/information
- ☐ Medical or psychiatric records/psychological evaluation/test results/treatment information
- ☐ Department of Rehabilitation development and progress information
- ☐ Other(specify) _____

- ☐ This information is needed to develop a case plan or to assess progress in meeting the
objectives of the service plan and may be released to the Orange County Juvenile Court.
- ☐ Other (specify) _____

NOTICE TO CLIENT: You may withdraw your authorization to release information at any
time, unless information has already been released on the basis of this authorization.
If not previously withdrawn, this authorization will terminate upon:

(Specific date, event or condition)

This form was completed in its entirety and was read by me (or read to me) prior to signing.

_____ (Client's Signature)	_____ (Date)
_____ (Birthplace)	_____ (Birthdate)
	_____ (Social Security No.)
_____ (Witness Signature)	_____ (Date)

APPENDIX I

LETTER OF AUTHORIZATION



**County of Orange
SOCIAL SERVICES AGENCY**

LARRY M. LEAMAN, DIRECTOR
CHILDREN'S SERVICES DIVISION
GENE HOWARD
DIRECTOR OF CHILDREN'S SERVICES

PLEASE SEND REPLY TO OFFICE CHECKED

- | | |
|--|---|
| <input type="checkbox"/> 800 Edkholff Street | <input type="checkbox"/> 301 City Drive South |
| <input type="checkbox"/> P.O. Box 6685 | <input type="checkbox"/> P.O. Box 14174 |
| <input type="checkbox"/> Orange, CA 92613-6685 | <input type="checkbox"/> Orange, CA 92613-1574 |
| <input type="checkbox"/> P.O. Box 14100 | <input type="checkbox"/> 341 City Drive South |
| <input type="checkbox"/> Orange, CA 92613-1500 | <input type="checkbox"/> P.O. Box 6685 |
| <input type="checkbox"/> P.O. Box 14101 | <input type="checkbox"/> Orange, CA 92613-6685 |
| <input type="checkbox"/> Orange, CA 92613-1501 | <input type="checkbox"/> 23117 Plaza Point, Ste. 11 |
| <input type="checkbox"/> P.O. Box 14102 | <input type="checkbox"/> Laguna Hills, CA 92653 |
| <input type="checkbox"/> Orange, CA 92613-1502 | <input type="checkbox"/> 25292 McIntyre Road |
| <input type="checkbox"/> P.O. Box 14141 | <input type="checkbox"/> Laguna Hills, CA 92653 |
| <input type="checkbox"/> Orange, CA 92613-1541 | Mailing: |
| <input type="checkbox"/> P.O. Box 14188 | <input type="checkbox"/> P.O. Box 14102 |
| <input type="checkbox"/> Orange, CA 92613-1508 | <input type="checkbox"/> Orange, CA 92613-1502 |

November 29, 1995

To Whom it May Concern:

This letter is to approve Marcy Vreeken's request to review completed Court reports for her senior project/thesis.

It is my understanding that she will adhere to NASW standards of confidentiality, and that this research will not adversely affect the welfare of the subjects as all records will be identified by code numbers.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ron Anderson", is written over a horizontal line.

Ron Anderson
Program Manager, Court Services

APPENDIX J

LETTER TO PARTICIPANTS

January 8, 1996

Dear Senior Social Worker:

I am writing this letter to request your assistance. In order to graduate I must complete a senior project which involves research resulting in distributions, frequencies, bivariate and multivariate analysis and of course a chi square!

To fulfill these requirements I will be reviewing court reports completed between 1994-1996. My request is that each Senior Social worker loan me approximately 10 court reports which will be kept in my office for about 2 months.

These reports will be coded for random selection. I will note demographics, former CAR reports, allegations of abuse, etc. All identifying information will be kept confidential, however, the results of my research will be available to all interested parties by mid April.

If you would like me to pick up the court reports at your office please call me at extension #7269 or drop them off at my office 3069. Thank you for your help.

Sincerely,

Marcia Vreeken, Student Intern

APPENDIX K

NOTE OF REQUEST

Please sign your name and return to Marcia Vreeken, Student Intern.

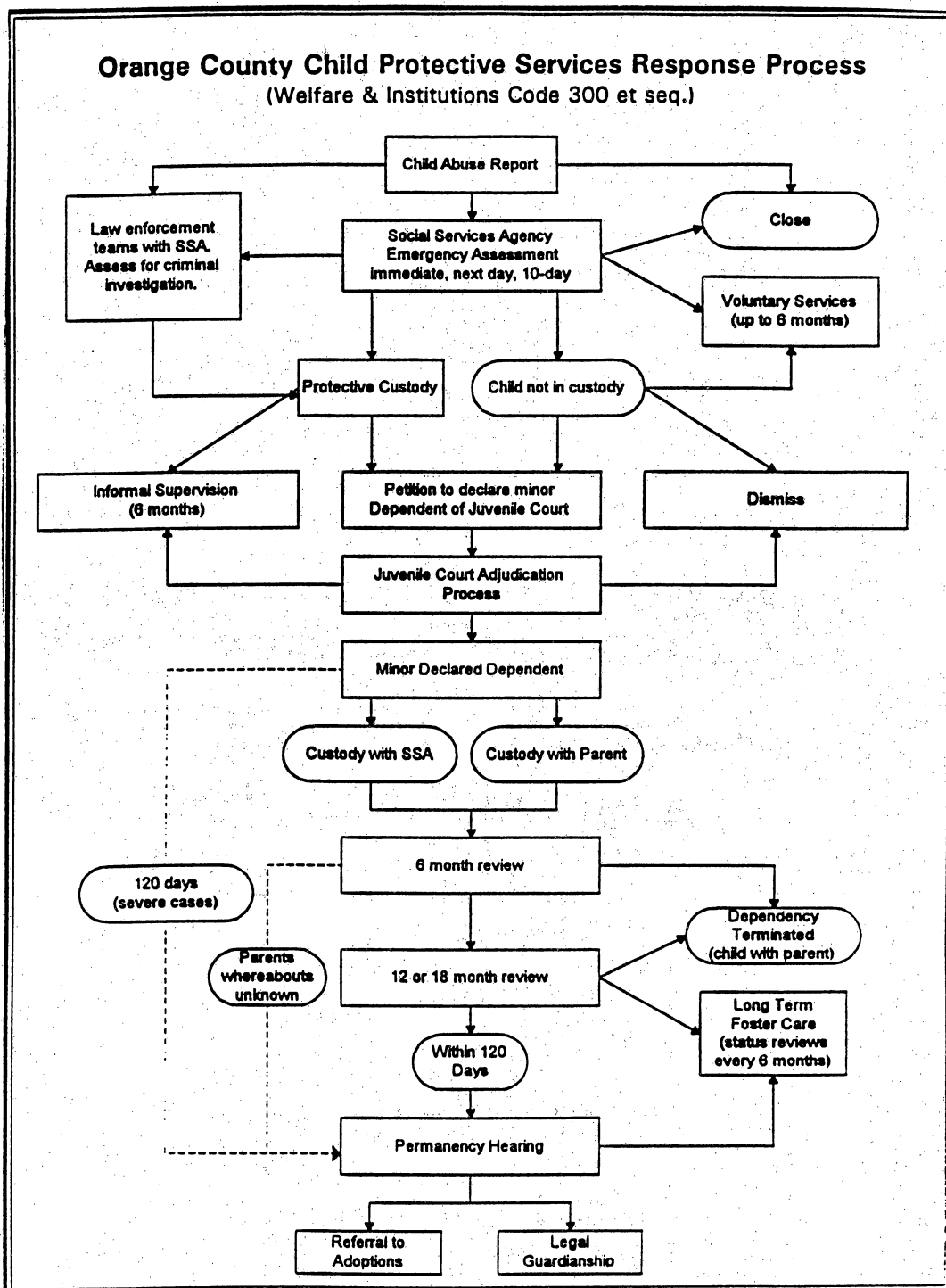
YES, I would like to loan you 10 completed court reports to review.

Senior Social Worker Signature _____

Comments:

APPENDIX L

ORANGE COUNTY RESPONSE PROCESS CHART



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